

CSH Staff Wellness Survey
Spring 2003

This survey is provided in order to help the CSH, T.A.G. Team evaluate your wants and needs related to employee wellness. Some of the questions are for statistical purposes and directly tied to our CSH funding. These surveys are completely anonymous and the results will be reported to the state on a school and district level.

Gender: Male Female **Age:** _____

Height: _____ **Weight:** _____ **School:** _____

Position: Teacher/Administration Support Staff/Other

Please check all that apply:

I have used a tobacco product during the last 7 days.

I have worn my seat belt every time I was in a vehicle during the last 7 days.

I have exercised 90 or more minutes in the last 7 days.

I have walked an average of 10,000 steps a day during the last 7 days.

Please check those programs in which you would most likely participate:

After School Aerobics

After School Walking Group

Tobacco Cessation Group

Weight Management Group (Like "Weight Watchers" on a local school level.)

Employee Wellness Program at YMCA (Logging time spent at YMCA for incentives.)

Health Related Discount Card

Other: _____

Please list any wellness activities in which you participated this year (emotional or physical; such as regular work outs, walking for exercise, jogging, counseling, weight management, diet change):

If you are unsatisfied with your current health level, what would help you to have a healthier lifestyle?