

Attachment B2 – NCEH/ATSDR Wellness Needs Assessment_screenshots

NCEH/ATSDR Wellness Needs Assessment

Form Approved
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The NCEH/ATSDR Wellness Committee, in coordination with the Office of Safety, Security, and Asset Management (OSSAM) WorkLife Wellness Office (WVO), works to improve wellness through education and activities that support healthy lifestyles, resulting in improved productivity and morale for the NCEH/ATSDR staff members.

Our mission is to collaborate with other CDC Wellness Partners in promoting the health and wellness of employees and contractors, through education and initiatives that will encourage habits of employee engagement and wellness, increase awareness of factors and resources contributing to well-being, support a sense of community, and inspire and empower individuals to take the responsibility for their own well-being.

To better meet the worksite wellness needs and interests of NCEH/ATSDR staff, the NCEH/ATSDR Wellness Committee would like to know your current wellness practices and wellness-related interests. Completing this assessment is voluntary, and will take approximately 15 minutes of your time. All responses are anonymous, and results will be shared only in aggregate form.

If you have any questions or concerns about this assessment, please contact: Rolanda Morrison (rlm6@cdc.gov)

Thank you for your participation!

OK

1. Where is your primary work location?

- Chamblee campus
- In the field
- Other (please specify)

2. In which of the following categories would you place yourself? (Select one)

- I have been thinking about changing some of my health behaviors.
- I am planning on making a health behavior change within the next 30 days.
- I have made some health behavior changes, but I still have trouble following through.
- I have had a healthy lifestyle for years.

3. Physical activity is anything that gets your body moving. How many days per week do you engage in moderate to vigorous physical activity? (Moderate physical activity is any activity that noticeably accelerates the heart rate. Vigorous physical activity is any activity that causes rapid breathing and substantial increase in heart rate. See examples of activities defined by level of intensity here:

https://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Intensity_table_2_1.pdf

- None
- 1-2 days
- 3-4 days
- 5-6 days
- Every day

4. What type(s) of physical activity do you engage in? (Select all that apply)

- Running
- Swimming
- Walking
- Bicycling
- Other (please specify)
- Dancing
- Stair climbing
- Weightlifting
- Fitness classes (yoga, Pilates, Zumba, etc.)

5. Physical or emotional tension are often signs of stress. Symptoms can include irritability, anxiety, trouble concentrating, headaches, back pain, stomach problems. How often do you experience symptoms of negative stress in general? (Select one)

- Never
- Often (2-3 days/week)
- Rarely (1 day/month)
- Always
- Sometimes (1 day/week)

6. Which of the following worksite wellness practices/activities do you incorporate into your work day? (Select all that apply)

- Perform at-your-desk exercises
- Use the CDC fitness centers at lunch or before/after work
- Use the outdoor/indoor walking route
- Take the stairs instead of the elevator
- Practice mindfulness (meditation, focusing on the present moment)
- Bring a healthy lunch from home or buy a healthy lunch out
- Make healthier vending machine selections
- Participate in Worklife Wellness Office-sponsored events (e.g., educational webinars/seminars, CDC Health Day clinics, Healthiest CIO Challenge)
- I don't engage in any of these activities
- Other (please specify)

7. Please rate your level of interest in the following wellness topics

	Not Interested	Only Slightly Interested	Somewhat Interested	Very Interested
Allergy and Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal/Household Finance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Self-Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Benefits/Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workspace Ergonomics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please rate your level of interest in the following wellness activities:

	Not Interested	Only Slightly Interested	Somewhat Interested	Very Interested
Couch to 5K Running Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoga classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running Seminars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness Seminars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis Tournament	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitbit Walking Challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. For the topic(s)/activities of interest you selected above, how likely are you to participate in the following:

	Not at all likely	Somewhat unlikely	Somewhat Likely	Likely	Very Likely
Multi-week group programs (e.g., weight or stress management programs, Couch to 5K running program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single session in-person workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single session web-based workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Book/Article Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group events outside of the workplace (e.g., 5K, hiking, sports game or league)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What time of day would be best for you to participate in a wellness activity?
(Select all that apply)

- Early morning (7a-9a)
- During lunch (11a-1p)
- After work (3p-5p)
- Weekends
- Other (please specify)

11. Were you aware of the NCEH/ATSDR Wellness Committee prior to completing this survey?

- Yes
- No

12. Do you participate in OSSAM WorkLife Wellness events, such as the Healthiest CIO Challenge, WorkLife4You Seminars, etc.?

- Yes
- No

13. Would you be interested in participating in specific NCEH/ATSDR health and fitness activities?

- Yes
- No

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14. Why are you not interested in participating in specific NCEH/ATSDR health and fitness activities?

- Lack of time
- Privacy: my employer should not be involved in my personal health
- Confidentiality: concern about others knowing of my personal health
- Lack of management support
- Pressure to get my work done
- My job duties do not allow me to participate
- Just not interested
- Other (please specify)

15. If your supervisor or NCEH/ATSDR leadership expressed support or participated in NCEH/ATSDR wellness activities, would you be more likely to participate?

- Yes
- No

16. Would you participate in an NCEH/ATSDR Mentoring Program?

- Yes
- No

17. Would you participate as a mentor or mentee, or both?

- Mentor
- Mentee
- Both

18. What would you hope to get out of a mentoring program at NCEH/ATSDR?

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19. Would you be interested in learning about career opportunities and career tracks in other NCEH/ATSDR divisions?

- Yes
- No

20. Through what mechanism(s) would you prefer to participate?

- Skype webinar
- Panel discussion
- Lunch and Learn
- Other (please specify)

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21. What types of events/activities would you suggest to boost employee morale within NCEH/ATSDR?

22. Please provide any recommendations about how the NCEH/ATSDR Wellness Committee can better help staff make healthy choices in the workplace.

23. Is there any additional information you would like to share with the NCEH/ATSDR Wellness Committee?

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