

CCS Wellness Initiative: 2017- 2018 Wellness Program Survey

Your feedback is very important in helping us improve the quality of our Wellness Initiative programming. Please take a few minutes to answer our short survey. All survey responses are kept anonymous and confidential. If you have any questions about this survey, please contact syerramilli@columbus.k12.oh.us.

1. Did you participate in any wellness programming (Fitness Classes, Weight Watchers at Work, Biometric Screenings, Flu Shot Clinics, Wellness Presentations, Fitness Memberships etc.) in the 2017-2018 school year?

□ Yes

 \square No

a. If you answered Yes, please select the wellness programming that you participated in for the 2017-2018 school year. (Check all that apply)

- Fitness Classes
- Biometric Screenings
- Flu Clinics
- □ Free Shape Fitness Membership
- Corporate Fitness Memberships
- Wellness Presentations
- Weight Watchers at Work
- Other: Please specify_____

b. If you answered No, why did you choose not to participate in wellness programming this year? (Check all that apply)

- □ I'm not interested in participating
- □ Times were not convenient for me to attend
- □ It was not offered at or near my CCS building location
- Unfamiliar with the Wellness Initiative and program offerings
- Other: Please specify_____

2. Which corporate fitness offerings have you participated in? (Check all that apply)

- □ Ashtanga Yoga Columbus
- Medical Mutual fitness discounts
- Modo Yoga Columbus
- D OhioHealth's McConnell Heart Health/ Grant Hospital Fitness Center
- Orangetheory Fitness
- Premier at Sawmill Athletic Club
- □ Shape Fitness
- Train Fitness House
- □ N/A; I did not utilize the corporate discount memberships

3. For the next set of statements, please check the box if you agree (A), are neutral (N), disagree (D), or not applicable (NA) with the following statements:

	<u>A</u>	<u>N</u>	<u>D</u>	NA
I. The quality of the onsite wellness programming that I attended this year was excellent.				
II. The instructors (presenters, fitness instructors, nurses) showed professionalism and respect				
towards me.				

	<u>A</u>	<u>N</u>	<u>D</u>	<u>NA</u>
III. Receiving reminder emails and promotional flyers was helpful in promoting onsite wellness programming.				
V. I possess enough knowledge to utilize the resources that are available through my health insurance benefits.				
VI. I possess enough knowledge to utilize the resources that are available to me on the CCS Wellness Website and/or Portal.				
VII. I plan on participating in onsite wellness programming for the 2018-2019 school year.				
VIII. I believe Wellness Initiative offerings are beneficial to my health and wellbeing.				
If you "disagreed" with any of the statements above, please explain:				

4. How do you access information about our Wellness Initiative? (Check all that apply)

- Wellness Website (www.ccsoh.us/Wellness.aspx)
- Wellness Portal (portal.wellnessconceptslive.com)
- Bulletin Board
- Email Announcements
- \square Newsletter
- From Co-worker or Friend
- Other: Please specify _____

5. Do you utilize the Wellness Portal (<u>portal.wellnessconceptslive.com</u>) to schedule your biometric screening appointment, register for fitness classes and view interactive health resources?

□ Yes

 \square No

6. Do you visit our Wellness Website (<u>www.ccsoh.us/Wellness.aspx</u>) to view program schedules, access benefits/perks information, and find wellness program updates?

 \square Yes

□ No

7. Do you find the Wellness Portal and Wellness Website helpful and easy to use?

 \square Yes

□ No

□ N/A

8. What types of <u>new</u> wellness programming would you like to be offered to you?

9. Please provide any comments or suggestions to improve the quality of the Wellness Initiative below: