



# Women of Wellness

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## **WELLNESS ASSESSMENT SURVEY TEMPLATE**

Lead with Well-Being: A Woman's Strategic Guide to Transforming Workplace Culture

### **INTRODUCTION**

Thank you for taking time to share your thoughts about wellness at [ORGANIZATION NAME]. Your honest feedback will help us design programs and support that genuinely meet your needs.

This survey takes approximately 10-15 minutes to complete.

### **YOUR RESPONSES ARE CONFIDENTIAL**

- All responses are anonymous
- Results will only be reported in aggregate (group-level data)
- Individual responses will never be shared with managers or leadership
- Demographic questions are optional

**Your voice matters. We're listening.**



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## SECTION 1: DEMOGRAPHIC INFORMATION (OPTIONAL)

These questions help us understand if programs are serving all employees equitably. All demographic questions are optional.

1. What is your gender identity?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer to self-describe: \_\_\_\_\_
- ☐ Prefer not to answer

2. What is your race/ethnicity? (Select all that apply)

- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x
- ☐ Middle Eastern or North African
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Prefer to self-describe: \_\_\_\_\_
- ☐ Prefer not to answer



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## 3. What is your age range?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+
- ☐ Prefer not to answer

## 4. Do you have caregiving responsibilities? (Select all that apply)

- ☐ Children under 18 at home
- ☐ Adult children or other dependents
- ☐ Aging parents or relatives
- ☐ Partner/spouse with health needs
- ☐ None
- ☐ Prefer not to answer



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5. What is your employment status?

- ☐ Full-time
- ☐ Part-time
- ☐ Contract/temporary
- ☐ Other: \_\_\_\_\_

6. What is your role level?

- ☐ Individual contributor
- ☐ Manager/supervisor
- ☐ Director
- ☐ Vice President or above
- ☐ Executive leadership
- ☐ Other: \_\_\_\_\_

7. What department/team are you in?

[Open text field or dropdown menu]



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8. How long have you worked at [ORGANIZATION NAME]?

- ☐ Less than 6 months
- ☐ 6 months - 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ 5-10 years
- ☐ More than 10 years

## SECTION 2: OVERALL WELL-BEING

9. Overall, how would you rate your current well-being?

(Scale: 1 = Very Poor, 5 = Excellent)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

10. In the past month, how often have you felt:

a) Energized and motivated

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost always

b) Stressed or overwhelmed

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost always

c) Supported by your organization

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost always



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d) Able to balance work and personal life

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost always

e) Physically healthy

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Almost always

11. What are your top 3 wellness concerns right now? (Check up to 3)

- ☐ Stress management
- ☐ Work-life balance
- ☐ Mental health (anxiety, depression)
- ☐ Physical health/fitness
- ☐ Sleep quality
- ☐ Financial wellness
- ☐ Relationships/social connection
- ☐ Career development/purpose
- ☐ Burnout/exhaustion
- ☐ Chronic health condition management
- ☐ Reproductive/hormonal health
- ☐ Caregiving demands
- ☐ Other: \_\_\_\_\_



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## SECTION 3: MENTAL HEALTH & EMOTIONAL WELL-BEING

12. How would you rate your current mental health?

(Scale: 1 = Very Poor, 5 = Excellent)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

13. Over the past 2 weeks, how often have you been bothered by:

(PHQ-2 - validated screening tool)

a) Little interest or pleasure in doing things

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

b) Feeling down, depressed, or hopeless

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

14. What contributes most to stress in your role? (Select all that apply)

☐ Workload/volume

☐ Tight deadlines

☐ Lack of control/autonomy

☐ Unclear expectations

☐ Difficult relationships with colleagues/manager

☐ Job security concerns

☐ Balancing work and caregiving

☐ Technology/constant connectivity



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- ☐ Lack of recognition
- ☐ Physical workspace issues
- ☐ Other: \_\_\_\_\_

15. What would help most with managing stress? (Open-ended)

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16. Are you aware of our Employee Assistance Program (EAP)?

- ☐ Yes, and I've used it
- ☐ Yes, but I haven't used it
- ☐ I've heard of it but don't know what it offers
- ☐ No, I wasn't aware we have one

17. If you haven't used EAP or other mental health resources, what prevents you? (Select all that apply)

- ☐ Don't feel I need it
- ☐ Concerned about confidentiality
- ☐ Worried about career impact if people knew
- ☐ Don't know how to access it
- ☐ Don't have time
- ☐ Prefer to handle things on my own





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- ☐ Cultural/personal beliefs about mental health support
- ☐ Other: \_\_\_\_\_
- ☐ N/A - I have used mental health resources

## SECTION 4: WORK-LIFE INTEGRATION

18. How satisfied are you with your ability to integrate work and personal life?

(Scale: 1 = Very Dissatisfied, 5 = Very Satisfied)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

19. Do you currently use flexible work arrangements?

- ☐ Yes - remote/hybrid work
- ☐ Yes - flexible hours
- ☐ Yes - compressed work week
- ☐ Yes - other: \_\_\_\_\_
- ☐ No, but I would like to
- ☐ No, and I don't need to



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20. What makes it difficult to manage work and personal responsibilities? (Select all that apply)

- ☐ Long work hours
- ☐ Expectation to be available after hours
- ☐ Rigid work schedule
- ☐ Commute time
- ☐ Meeting schedules don't accommodate caregiving
- ☐ Lack of childcare support
- ☐ Lack of eldercare support
- ☐ Pressure to not use time off
- ☐ Can't fully disconnect from work
- ☐ Other: \_\_\_\_\_
- ☐ I don't experience difficulty

21. What would most improve your work-life integration? (Open-ended)

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## SECTION 5: PHYSICAL HEALTH & WELLNESS

22. How would you rate your current physical health?

(Scale: 1 = Very Poor, 5 = Excellent)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

23. Which wellness activities do you currently engage in? (Select all that apply)

- ☐ Regular exercise/movement
- ☐ Healthy eating habits
- ☐ Adequate sleep (7-9 hours)
- ☐ Preventive health screenings
- ☐ Stress management practices
- ☐ Social connection
- ☐ Time in nature
- ☐ Hobbies/creative activities
- ☐ None of the above



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24. What prevents you from being physically active? (Select all that apply)

- ☐ Lack of time
- ☐ Too tired from work
- ☐ No convenient gym access
- ☐ Physical limitations/chronic conditions
- ☐ Childcare responsibilities
- ☐ Cost
- ☐ Don't enjoy traditional exercise
- ☐ Safety concerns (neighborhood, gym environment)
- ☐ Other: \_\_\_\_\_
- ☐ Nothing prevents me

25. What types of physical wellness programs would interest you? (Select all that apply)

- ☐ Fitness classes (yoga, dance, etc.)
- ☐ Walking groups
- ☐ At-home/virtual workout options
- ☐ Gym membership subsidy
- ☐ Ergonomic assessments
- ☐ Nutrition education
- ☐ Sleep improvement programs



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- ☐ Health screenings
- ☐ Chronic condition management support
- ☐ Women's health resources (reproductive health, menopause)
- ☐ Other: \_\_\_\_\_

## SECTION 6: WORKPLACE CULTURE & SUPPORT

26. I feel psychologically safe at work (able to speak up, ask questions, admit mistakes without fear).

- ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

27. I feel valued and respected at work.

- ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

28. My manager supports my well-being.

- ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

29. Leadership demonstrates genuine commitment to employee wellness.

- ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

30. I feel connected to my colleagues and team.

- ☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree



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31. Our workplace culture supports work-life balance.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

32. What aspects of our culture most support your well-being? (Open-ended)

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33. What aspects of our culture create challenges for your well-being? (Open-ended)

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## SECTION 7: CURRENT WELLNESS PROGRAMS & RESOURCES

34. Which current wellness programs/resources are you aware of? (Check all you know about)

- ☐ Employee Assistance Program (EAP)
- ☐ Health insurance benefits
- ☐ Flexible work arrangements
- ☐ Wellness activities/events
- ☐ Fitness/gym benefits
- ☐ Mental health resources



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- ☐ Financial wellness programs
- ☐ Professional development opportunities
- ☐ Employee resource groups
- ☐ Other: \_\_\_\_\_
- ☐ I'm not aware of any wellness programs

35. Which programs have you participated in during the past year? (Check all that apply)

[Same list as above]

36. If you haven't participated in wellness programs, what prevents you? (Select all that apply)

- ☐ Don't know what's available
- ☐ Programs offered at inconvenient times
- ☐ Programs don't interest me
- ☐ Programs don't feel designed for people like me
- ☐ Too busy/no time
- ☐ Childcare conflicts
- ☐ Cost (even if subsidized)
- ☐ Location/accessibility issues
- ☐ Concerned about being judged



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☐ Cultural barriers

☐ Other: \_\_\_\_\_

☐ N/A - I do participate

37. How satisfied are you with current wellness offerings?

(Scale: 1 = Very Dissatisfied, 5 = Very Satisfied)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ N/A ☐

38. What's working well with our current wellness programs? (Open-ended)

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39. What needs improvement? (Open-ended)

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## SECTION 8: UNMET NEEDS & PRIORITIES

40. What wellness support do you need most that you're not currently getting? (Select top 3)

- ☐ More flexible work options
- ☐ Better mental health support
- ☐ Stress management programs
- ☐ Childcare support/resources
- ☐ Eldercare support/resources
- ☐ Financial wellness education
- ☐ Career development opportunities
- ☐ Physical fitness programs
- ☐ Nutrition/healthy eating support
- ☐ Sleep improvement resources
- ☐ Social connection opportunities
- ☐ Women's health resources
- ☐ Chronic condition management
- ☐ Boundary-setting/saying no skills
- ☐ Time management support
- ☐ Meaningful recognition



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☐ Other: \_\_\_\_\_

41. If we could offer ONE new wellness benefit or program, what should it be? (Open-ended)

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42. What would make it easier for you to participate in wellness programs? (Select all that apply)

- ☐ More convenient times (early morning, lunch, evening)
- ☐ Virtual/remote options
- ☐ Shorter duration (30 minutes or less)
- ☐ On-demand/recorded content
- ☐ Childcare provided
- ☐ More diverse program offerings
- ☐ Programs that reflect my culture/identity
- ☐ Protected time during work hours
- ☐ Better communication about what's available
- ☐ More inclusive/welcoming environment
- ☐ Other: \_\_\_\_\_



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## SECTION 9: SPECIFIC POPULATIONS (OPTIONAL)

These questions help us understand unique needs of different groups. All are optional.

### FOR WOMEN EMPLOYEES:

43. Do you feel our wellness programs adequately address women's specific health needs?

☐ Yes ☐ Somewhat ☐ No ☐ Not sure ☐ Prefer not to answer

44. What women's health topics would you like more support around? (Select all that apply)

- ☐ Menstrual health
- ☐ Reproductive health/fertility
- ☐ Pregnancy and postpartum
- ☐ Perimenopause/menopause
- ☐ Mental health (anxiety, depression)
- ☐ Work-life balance with caregiving
- ☐ Career advancement while managing family
- ☐ Financial planning for women
- ☐ Body image/self-esteem
- ☐ Boundary-setting
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to answer



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## FOR CAREGIVERS:

45. What would most help you manage work and caregiving responsibilities? (Open-ended)

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## FOR EMPLOYEES WITH DISABILITIES/CHRONIC CONDITIONS:

46. Are our wellness programs accessible and inclusive for people with disabilities/chronic conditions?

☐ Yes ☐ Somewhat ☐ No ☐ Not sure ☐ N/A

47. What would make programs more accessible? (Open-ended)

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## SECTION 10: FINANCIAL WELLNESS

48. How would you rate your current financial wellness/security?

(Scale: 1 = Very Insecure, 5 = Very Secure)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

49. Financial stress impacts my work performance and well-being.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree



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50. What financial wellness topics would be most helpful? (Select all that apply)

- ☐ Budgeting/money management
- ☐ Debt management
- ☐ Saving for emergencies
- ☐ Retirement planning
- ☐ Investment basics
- ☐ Understanding benefits (health insurance, 401k, etc.)
- ☐ Planning for major expenses (home, education)
- ☐ Salary negotiation skills
- ☐ Student loan management
- ☐ Other: \_\_\_\_\_
- ☐ None needed

## SECTION 11: OPEN FEEDBACK

51. What else should we know about your wellness needs? (Open-ended)

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52. What does "workplace wellness" mean to you? (Open-ended)

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53. If you could change ONE thing about our workplace to improve employee well-being, what would it be? (Open-ended)

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54. Is there anything else you'd like to share? (Open-ended)

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## **SECTION 12: FOLLOW-UP (OPTIONAL)**

55. Would you be willing to participate in a focus group or interview to discuss wellness needs in more depth?

- ☐ Yes
- ☐ Maybe - please send more information
- ☐ No

If yes or maybe, please provide your email: \_\_\_\_\_

(Note: This will be kept separate from survey responses to maintain anonymity)



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## THANK YOU!

Thank you for sharing your thoughts. Your feedback is essential to creating wellness programs that genuinely serve you.

## WHAT HAPPENS NEXT:

- We'll analyze responses and identify key themes
- Results will be shared with all employees in [TIMEFRAME]
- We'll use your feedback to design programs that address your real needs
- You'll see how your input shaped our wellness strategy

Your voice matters. We're committed to creating a workplace where everyone can thrive.

Questions? Contact: [WELLNESS TEAM EMAIL/CONTACT]

SURVEY ADMINISTRATION NOTES FOR HR/WELLNESS TEAMS:



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## **TIMING:**

- Allow 2-3 weeks for survey completion
- Send reminder emails at 1 week and 3 days before close
- Optimal completion time: 10-15 minutes

## **COMMUNICATION PLAN:**

- Initial announcement: Explain purpose, emphasize confidentiality, set deadline
- Mid-point reminder: Share participation rate, encourage completion
- Final reminder: Last chance to share feedback
- Results sharing: Within 4-6 weeks, share key findings and action plan

## **ANALYSIS TIPS:**

- Disaggregate all data by demographics to identify disparities
- Look for patterns in open-ended responses (use qualitative coding)
- Compare participation barriers across groups
- Identify both strengths to maintain and gaps to address
- Calculate response rate by department/demographic





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## **VALIDATED SCALES INCLUDED:**

- PHQ-2 (Questions 13a-b): Brief depression screening
- Add WHO-5 Well-Being Index if desired (5 questions)
- Add Perceived Stress Scale (PSS-4) if desired (4 questions)

## **CUSTOMIZATION:**

- Adjust question 34-35 to reflect YOUR organization's actual programs
- Add organization-specific questions as needed
- Remove sections not relevant to your context
- Translate into languages spoken by your workforce