



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)

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)

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

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)

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)

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)

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)

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)

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

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

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