

# Annual Employee Wellness Survey

## Personal Information

Name

Department

Email

## General Well-being

How would you rate your overall health?

☐

Excellent

☐

Good

☐

Fair

☐

Poor

How often do you feel stressed at work?

☐

Always

☐

Often

☐

Sometimes

☐

Rarely

☐

Never

## Work Environment

Do you feel supported by your colleagues?

☐

Yes

☐

No

Do you have access to the resources needed for your job?



Always



Often



Sometimes



Rarely



Never

## Wellness Programs

Which wellness programs have you participated in? (Select all that apply)



Fitness classes



Yoga/Meditation sessions



Health screenings



Nutritional workshops



None

What new wellness initiatives would you like to see?

## Feedback

Please share any additional comments or suggestions