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**Workplace Wellness Committee Certification** Questionnaire

**Pre-Program Questionnaire for Workplace Wellness Committee Certification**

This pre-program questionnaire is to assist EWSNetwork in preparation of the upcoming training with your group. EWSNetwork’s objective is to meet your specific needs. Please answer these questions and provide any additional information that will help us make this your greatest training ever! Once completed, please return to [wwcc@EWSNetwork.com](mailto:wwcc@EWSNetwork.com). Thank You!

**YOUR COMPANY INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | |  | | | | | | | | |
| Mailing Address | |  | | | | | | | | |
| Phone | |  | | | Email | |  | Website |  | |
| Number of Employees | | | | FT | |  | | PT |  | |
| Number of Office Buildings | | |  | | | | Number of Employees per Building | | |  |
| **WWCC PROGRAM DETAILS:**  **Items Needed:** Projector, Screen, Whiteboard, Paper Flipchart, Markers | | | | | | | | | | |
| How is the room going to be set up? (tables, chairs, etc) | | | | | | | | | | |
|  | | | | | | | | | | |

**Training Schedule:**

Start time: \_\_\_\_\_\_\_\_\_

**Module 1 --- 15min break --- Module 2 --- 30min lunch --- Module 3 --- 15min break --- Module 4**

**Training Attendees:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Main or Satellite Building | Email |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Physical Environment**

(Please check which your organization currently offers)

|  |  |
| --- | --- |
|  | Kitchen facilities (stove, microwave, fridge, etc.) |
|  | Cafeteria |
|  | Vending machines |
|  | Ergonomically designed workstations |
|  | Onsite fitness facility or room available for fitness classes |
|  | Accessible stairwells |
|  | Shower facilities |
|  | Bike racks or storage area |
|  | Accessibility to outdoor walking trails or other activities (basketball net, etc.) |
|  | Wellness resource library |

Additional Comments:

|  |
| --- |
|  |

**Wellness Programming**

(Please check which initiatives your organization has offered in the past)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | If Yes, please expand on topics or initiative | |
|  | Lunch n’ Learns or seminars/workshops |  |
|  | Wellness newsletter |  |
|  | Wellness posters |  |
|  | Health Risk Assessment (any aggregate reports) |  |
|  | Employee &/or manager EAP awareness training |  |
|  | Stress management training |  |
|  | Flu shot clinics |  |
|  | Biometric screening |  |
|  | Organized recreational sports program |  |
|  | Fitness classes |  |
|  | Smoking cessation program |  |
|  | Stretch breaks |  |
|  | CPR or First Aid training |  |
|  | Onsite defibrillator with trained employees |  |
|  | One-on-One health coaching |  |
|  | Back care education |  |
|  | Mental health |  |
|  | Health fair |  |
|  | Group challenges |  |
|  | EFAP |  |
|  | Health spending account |  |
|  | Gym subsidy |  |
|  | Employee interest / engagement survey |  |
|  | Other (please include details) |  |
|  | Other (please include details) |  |
| From those implemented, which wellness initiatives were successful? Which ones were not successful and your thoughts on why? | | |
|  | | |

**Communication**

(Please check what your organization offers)

|  |  |  |
| --- | --- | --- |
|  |  | If Yes, please expand on topics or initiative |
|  | Intranet |  |
|  | Company newsletter |  |
|  | Media screens |  |
|  | Staff/department and management meetings |  |
|  | Promotional space (bulletin boards/walls space) |  |
|  | Staff picnics/company events (list some) |  |
|  | Company events/charities |  |
|  | New employee orientation |  |

|  |  |  |
| --- | --- | --- |
| **A FEW LAST THINGS:**  What are your main objectives for having a wellness committee?   |  | | --- | |  |   What sensitive topics should be avoided during the training?   |  | | --- | |  | |

Anything else you would like to add?

|  |
| --- |
|  |

*****We look forward to working with you!*