



Corporate Wellness Program Participation Survey Checklist 2026

Employee Demographic & Background

Collecting essential baseline data such as department, job role, and tenure to identify specific demographic trends in program engagement.

Full Name

Write something...

Department

- ☐ Human Resources
- ☐ Operations
- ☐ Engineering
- ☐ Sales & Marketing
- ☐ Finance
- ☐ IT & Support

Employee ID Number

Enter a number...

Employment Start Date

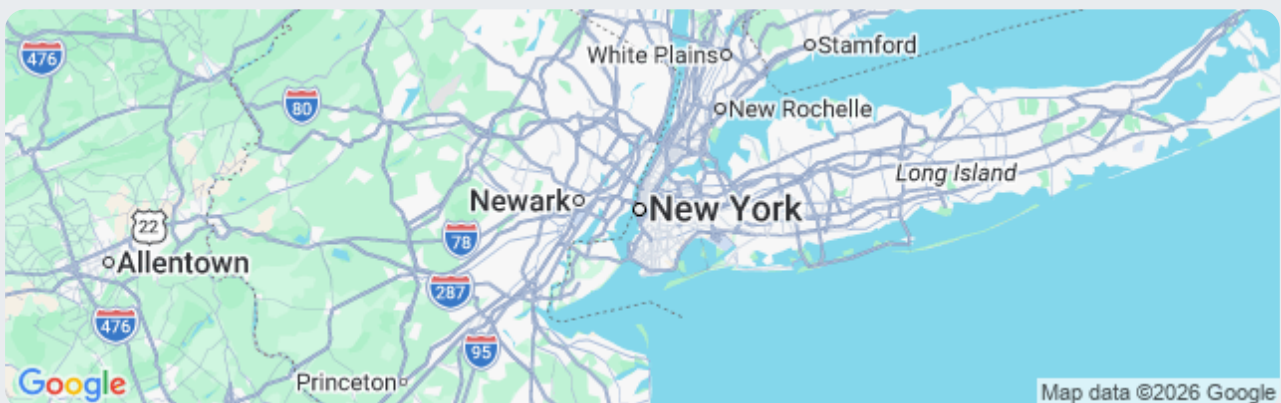
Enter date...

Employment Type

- ☐ Full-Time
- ☐ Part-Time
- ☐ Contractor
- ☐ Intern

Office Branch/Work Location

 [Set My Current Location](#)



Program Awareness & Communication

Evaluating how effectively wellness initiatives are communicated within the organization and the accessibility of program information.

Primary Source of Wellness Program Information

- ☐ Company Email Newsletter
- ☐ Internal Slack/Teams Channels
- ☐ Company Intranet/HR Portal
- ☐ Manager/Supervisor Announcements
- ☐ Physical Office Posters/Signage
- ☐ Other

Communication Channels You Frequently Use

- ☐ Email
- ☐ Company Newsletter
- ☐ Mobile App Notifications
- ☐ All-Hands Meetings
- ☐ Desktop Pop-up Alerts

How many days per month do you check wellness updates?

Enter a number...

Suggestions for improving wellness program announcements

Write something...

How would you rate the clarity of wellness program instructions?

- ☐ Very Clear
- ☐ Somewhat Clear
- ☐ Neutral
- ☐ Somewhat Unclear
- ☐ Very Unclear

Participation & Engagement Levels

Measuring the frequency of use for specific wellness offerings, such as fitness challenges, mental health workshops, or nutritional seminars.

Frequency of Wellness Program Participation

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Never

Which wellness activities have you participated in during the last 6 months?

- ☐ Fitness Challenges
- ☐ Mental Health Workshops
- ☐ Nutritional Counseling
- ☐ Yoga/Meditation Sessions
- ☐ Health Screenings
- ☐ Stress Management Seminars

Estimated hours spent on wellness activities per month

Enter a number...

Describe your favorite wellness activity and why it was engaging

Write something...

Primary mode of participation

- ☐ In-person
- ☐ Virtual/Remote
- ☐ On-demand/Self-paced

Program Content & Quality Assessment

Gathering feedback on the relevance, difficulty level, and overall quality of the content provided in the wellness modules.

Overall Satisfaction with Current Wellness Content

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Which content types do you find most valuable?

- ☐ Mental Health & Mindfulness
- ☐ Physical Fitness & Exercise
- ☐ Nutritional Guidance
- ☐ Stress Management Workshops
- ☐ Sleep Hygiene Resources

Rate the relevance of the content to your daily work life (1-10)

Enter a number...

What specific topics or wellness themes would you like to see added to the 2026 roadmap?

Write something...

Frequency of content updates

- ☐ Too Frequent
- ☐ Just Right
- ☐ Not Frequent Enough

Accessibility & Resource Availability

Assessing whether employees have the necessary time, physical space, or digital tools required to participate in the program during work hours.

Primary Method of Program Access

- ☐ Mobile App
- ☐ Company Intranet
- ☐ Email/Newsletter
- ☐ In-person/On-site

Available Resources Required for Participation

- ☐ Dedicated quiet space
- ☐ Fitness equipment
- ☐ Mobile device/Smartphone
- ☐ Healthy snack/Meal options
- ☐ Scheduled downtime

Average minutes allocated per week to wellness activities

Enter a number...

Describe any specific physical or technical barriers you face when trying to access wellness resources

Write something...

Perceived Impact on Well-being

Measuring self-reported improvements in physical health, mental clarity, stress levels, and overall work-life balance.

Primary area of improvement noticed

- ☐ Physical Health
- ☐ Mental/Emotional Well-being
- ☐ Sleep Quality
- ☐ Energy Levels
- ☐ Stress Management
- ☐ Nutritional Habits

Self-reported stress level reduction (Scale 1-10)

Enter a number...

Observable benefits experienced

- ☐ Increased daily productivity
- ☐ Improved focus at work
- ☐ Better mood regulation
- ☐ Reduced absenteeism
- ☐ Enhanced physical stamina

Describe how the wellness program has specifically impacted your daily work routine

Write something...

Barriers to Participation

Identifying specific obstacles preventing employees from engaging, such as workload, lack of motivation, or scheduling conflicts.

Primary Barriers to Participation

- ☐ Heavy Workload/Time Constraints
- ☐ Lack of Interest in Current Offerings
- ☐ Inadequate Communication/Lack of Awareness
- ☐ Lack of Privacy or Dedicated Space
- ☐ Physical Accessibility Issues
- ☐ Technical/Digital Access Difficulties

Detailed Description of Obstacles

Write something...

Frequency of encountering these barriers

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Suggested Solution

Write something...

Future Program Recommendations

Collecting qualitative suggestions for new wellness initiatives, preferred formats (e.g., in-person vs. virtual), and upcoming 2026 priority areas.

Preferred Wellness Categories for 2026

- ☐ Mental Health & Mindfulness
- ☐ Physical Fitness & Strength Training
- ☐ Nutritional Coaching & Diet Planning
- ☐ Stress Management Workshops
- ☐ Sleep Hygiene Education
- ☐ Financial Wellness Seminars

Preferred Program Delivery Format

- ☐ Live In-Person Workshops
- ☐ On-Demand Video Modules
- ☐ Mobile App-Based Challenges
- ☐ Monthly Webinar Series

Specific Wellness Initiative Suggestions

Write something...

Ideal Time of Day for Program Activities

Write something...

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✓ Finish

🔗 Generate Sample Report