Tell us what you’re interested in!

The City wellness program should fit your needs. So we would like to learn about the types of activities that interest you with this survey.

The survey is completely voluntary and confidential – you do not need to give us your name. However, there is the option to do so, if you are interested in helping to plan and promote future wellness activities.

Respond by March 27, 2017

Please take the survey by visiting:
https://www.surveymonkey.com/r/lawellness
Note: the link is case-sensitive.

The survey is open now until Monday, March 27th at 9:00 p.m. Pacific Time. It should take no more than 15 minutes to complete.

Not able to take the survey online?
Call 213-978-1617 to request a printed version. Please provide your full name and mailing address. Then, we will mail a survey to you.

Thanks for your participation!
Building Your Wellness Program  
2017 Employee Survey

The City wellness program should fit your needs. So we would like to learn about the types of activities that interest you.

Please take this survey, which is completely voluntary and confidential. However, there is the option to provide your contact information if you are interested in helping plan and promote wellness activities.

Please complete the survey by March 27th. It should take no more than 15 minutes to complete. Thanks for your participation.

<table>
<thead>
<tr>
<th>Please return your completed survey via City mail to:</th>
<th>You can also send it via U.S. mail to:</th>
</tr>
</thead>
</table>
| Employee Benefits Division  
Attention: Wellness Coordinator  
Mail Stop #621  
City Hall Room 867 | City of Los Angeles  
Employee Benefits Division  
Attention: Wellness Coordinator  
200 N. Spring Street, Room 867  
Los Angeles, CA 90012 |

BACKGROUND INFORMATION
These background questions will help us develop targeted program activities. As a reminder, your responses are **totally anonymous**.

1. What is your age? (Choose one)
   - [ ] 21 or under
   - [ ] 22-34
   - [ ] 35-44
   - [ ] 45-54
   - [ ] 55-64
   - [ ] 65 or older
   - [ ] I prefer not to answer.

2. With which gender do you most identify? (Choose one)
   - [ ] Female
   - [ ] Male
   - [ ] Non-binary/third gender
   - [ ] Other
   - [ ] I prefer not to answer.

3. What is your marital status? (Choose one)
   - [ ] Single, Never married, Widowed, Divorced, or Separated
   - [ ] Married or domestic partnership
   - [ ] I prefer not to answer.
4. Do you have children? (Choose one)
   - Yes
   - No
   - I prefer not to answer.

5. With which ethnicity do you most identify? (Check all that apply)
   - White
   - Black or African American
   - Hispanic or Latino
   - Asian
   - American Indian or Alaska Native
   - Native Hawaiian or Other Pacific Islander
   - Other
   - I prefer not to answer.

6. What is your employment status? (Choose one)
   - Full time
   - Half time

7. What City Department do you presently work for? (Choose one)
   - Aging
   - Airports, Los Angeles World
   - Animal Services
   - Board of Public Works
   - Building and Safety
   - Chief Legislative Analyst, Office of the
   - City Administrative Officer, Office of the
   - City Attorney, Office of the
   - City Clerk, Office of the
   - City Council Offices: Districts 1-15
   - Contract Administration, Bureau of Public Works
   - Controller, Office of the
   - Convention & Tourism Development
   - Cultural Affairs Department
   - Disability, Department on
   - Economic and Workforce Development
   - El Pueblo
   - Finance, Office of
   - General Services Department
   - Harbor Department
   - Housing Authority
   - Housing & Community Investment
   - Information Technology Agency
   - LACERS
   - Library
   - Los Angeles Convention Center
   - Mayor, Office of the
   - Neighborhood Empowerment
   - Pensions, Fire and Police
   - Personnel Department
   - Planning Department
   - Police Department
   - Recreation & Parks
   - Sanitation, Bureau of Public Works
8. Do you have a computer that you can use during your work hours?
   - Yes
   - No

9. What shift or schedule do you work? (Choose one)
   - 1st Shift (daytime)
   - 2nd Shift (evening)
   - 3rd Shift (overnight)
   - Rotating

10. Which Employee Labor Organization (MOU#) are you represented by? (Choose one)
   - AFSCME - American Federation of State, County, & Municipal Employees (MOU’s 3, 6, 7, 10, 11, 16, 37)
   - SEIU - Service Employees International Union (MOUs 4, 8, 14, 15, 17, 18)
   - EAA - Engineers & Architects Assoc. (MOU’s 1, 19, 20, 21)
   - IBEW Local 18 (All DWP MOUs)
   - Non-represented (MOU 00)
   - LA County Building & Construction Trades Council (MOU 2, 13)
   - Municipal Construction Inspector Assoc. (MOU 5)
   - IUOE - International Union of Operating Engineers (MOU’s 9, 31)
   - LACSSA/LIUNA - (MOU 12)
   - Los Angeles Firefighters Chief Officers Association (MOU 22)
   - UFLAC (MOU 23)
   - LAPRA (MOU 24)
   - Los Angeles Police Command Officers Association (MOU 25)
   - ILWU - Port Pilots (MOU 26)
   - LA Port Police Command Officers Assoc. (MOU 27)
   - LAGSPOA - LA General Services Police Officers Assoc. (MOU 28)
   - LA City Attorney’s Assoc. (MOU 29)
   - LAAPA - LA Airport Police Assoc. (MOU 30)
   - Management Attorneys (MOU 32)
   - California Teamsters - (MOU 34)
   - LAPMA - LA Professional Managers Assoc. (MOU 36)
   - LAPP - LA Port Police Assoc. (MOU 38)
   - LAAPSA - LA Airport Police Supervisors Assoc. (MOU 39)
   - LA Airport Police Command Officers’ Assoc. (MOU 40)
   - Fiscal & Policy Professionals Assoc. (MOU 61)
   - Los Angeles Manager’s Association (MOU 63)
   - Not sure
   - Other
11. How do you access the Internet? (Check all that apply)
   - Computer or tablet
   - Mobile phone
   - Wristwatch
   - Other
   - I don’t use the Internet.

12. Which of these statements best describes your health status? (Choose one)
   - I am satisfied with my current state of health.
   - I have been thinking about changing some of my health practices.
   - I need help changing some of my health practices.
   - I may have health issues but I am not interested in making changes.

13. Which of these statements best describes your health interest? (Choose one)
   - I don’t pay much attention to my health until something is wrong.
   - I’m not interested in pursuing a healthy lifestyle.
   - I don’t have time to focus on my health.
   - I take care of my family’s health but not my own health.
   - I have tried to have a healthy lifestyle but I have trouble following through.
   - I have a healthy lifestyle.

14. Please select a response for each statement below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think that good nutrition is important.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t care about what I eat.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t feel supported by my family when it comes to healthy eating.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy eating is too complicated.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy food is too expensive.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. How important is exercise to you? (Choose one)
   - Not at all important.
   - Somewhat important.
   - Very Important.
   - Extremely important.
16. Which of these statements best describes exercise for you? (Choose one)
   - [ ] I usually get at least 20 minutes of exercise, at least three days per week.
   - [ ] I exercise but not regularly.
   - [ ] I have physical challenges that keep me from exercising.
   - [ ] I don’t have the time to exercise.
   - [ ] I don’t have the money to join a gym.
   - [ ] I don’t feel supported by my family when it comes to exercise.

17. I usually get: (Choose one)
   - [ ] More than 8 hours of sleep per night.
   - [ ] 6-8 Hours of sleep per night.
   - [ ] Less than 6 hours of sleep per night.

18. Which of these statements describes your interests? (Check all that apply)
   - [ ] I would like to reduce my stress.
   - [ ] I would like to improve my eating habits.
   - [ ] I would like to improve my health.
   - [ ] I need to get more sleep.
   - [ ] I would like to lose some weight.
   - [ ] I would like to get more physical activity.
   - [ ] None of these

19. I am familiar with the term “wellness.” (Choose one)
   - [ ] Yes
   - [ ] No
   - [ ] Not sure

20. When I think of wellness, I include: (Check all that apply)
   - [ ] Stress management
   - [ ] Financial management
   - [ ] Exercise or physical activity
   - [ ] Nutrition/Eating Healthy
   - [ ] Disease management
   - [ ] Weight management
   - [ ] Mental or emotional health
   - [ ] Spirituality
   - [ ] None of these
   - [ ] Other
21. How familiar are you with the City’s wellness program? (Choose one)
   - [ ] I don’t know anything about it.
   - [ ] I may have heard of the program, but I’m not sure.
   - [ ] I have heard of it but I can’t remember the name.
   - [ ] I have heard of the program and I know the name of it.

22. What is the City’s wellness program name? (Choose one)
   - [ ] CityWell
   - [ ] BeWell
   - [ ] WellNow
   - [ ] LIVEWell
   - [ ] Keeping LAWell
   - [ ] None of the above
   - [ ] I don’t know.

23. How would you prefer to receive communications about wellness through the City? (Choose one)
   - [ ] Emailed at work
   - [ ] Mailed to my home
   - [ ] I’m not interested in receiving wellness communications from the City.

24. How likely are you to participate in a wellness program through the City? (Choose one)
   - [ ] Very likely
   - [ ] Somewhat likely
   - [ ] Somewhat unlikely
   - [ ] Not at all likely

25. What types of wellness activities are you interested in? (Check all that apply)
   - [ ] Self-directed programs (such as videos, webinars, recipes and activity trackers)
   - [ ] Information to read (such as how-to guides or articles)
   - [ ] One-on-one coaching or counseling
   - [ ] In person information sessions (such as a Healthy Eating seminar)
   - [ ] Health screenings (such as blood pressure)
   - [ ] Group exercise (such as exercise classes or walking clubs)
   - [ ] Team challenges
   - [ ] Group events in your community (such as a softball team or 5K)
   - [ ] Other
   - [ ] I am not interested in any City wellness activities. Please skip to question #30.
26. What Nutrition topics are you interested in? (Check all that apply)
   □ Cooking/recipes
   □ Shopping/ label reading
   □ Healthy eating tips
   □ Eating right on a budget
   □ Healthy eating for the family/kids
   □ Healthy food swaps
   □ Healthy dining out
   □ Vegetarian and special diets
   □ Other
   □ I’m not interested in Nutrition topics.

27. What Exercise or Physical Activity topics are you interested in? (Check all that apply)
   □ Dance Classes (such as Zumba or Line Dancing)
   □ Fitness Classes (such as Cross Fit or Pilates)
   □ Yoga
   □ Stretching
   □ Biking
   □ Running
   □ Walking
   □ Hiking
   □ Strength Training
   □ Team Sports
   □ Other
   □ I’m not interested in Exercise or Physical Activity topics.

28. What Lifestyle/Other topics are you interested in? (Check all that apply)
   □ Sleep
   □ Weight Management
   □ Stress Management
   □ Financial Management
   □ Spirituality
   □ Other
   □ I’m not interested in these Lifestyle topics.

29. When would you prefer to attend a City wellness event? (Check all that apply)
   □ Before work
□ Lunch hour  
□ After work  
□ During work hours  
□ On the weekends  
□ I would not participate in wellness events through the City.

30. If it was a topic of interest to you, is there anything that would prevent you from participating in a City wellness program? (Check all that apply)
□ Privacy: my employer should not be involved in my wellness.  
□ Confidentiality: concern about others at work knowing about my wellness.  
□ Lack of supervisor support.  
□ My job duties or schedule would not allow me to participate.  
□ If I had to pay for it.  
□ Other  
□ None of these.  
□ I’m not interested in a City wellness program.

31. Optional: Would you be willing to help plan and promote wellness activities at your worksite? If yes, please fill out your information below.

Name: __________________________
Email: __________________________
Phone: __________________________

Thank you for your participation!

Please return your completed survey via City mail to:  
Employee Benefits Division  
Attention: Wellness Coordinator  
Mail Stop #621  
City Hall Room 867

You can also send it via U.S. mail to:  
City of Los Angeles  
Employee Benefits Division  
Attention: Wellness Coordinator  
200 N. Spring Street, Room 867  
Los Angeles, CA 90012