

Corporate Wellness Survey

March 2006

Please complete this questionnaire and return by fax to 876-968-7662 or email to dennylu57@yahoo.com by April 7, 2006. The questionnaire should be filled out by the Head of the Human Resource Department/Personnel Department or his/her designate or equivalent. For queries, please call (876)754-4590 or 754-4227 (ask for Fiona or Pat)

Section A

- 1a. Company name: _____ 2. Contact Person: _____
1b. Type of Company _____ 3. Job Title of Contact Person: _____
(Finan/Manufac/Insurance, etc) 4. Phone Nos.: _____

Section B

5. Total number of Employees: _____
6. Number of Branches: _____
7. Annual Healthcare Costs per Employee: US\$ _____
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Section C

Definitions

Wellness Initiative: A wellness activity, which seeks to improve the well-being of employees.

Wellness Program: A strategically designed set of initiatives that have been implemented, monitored and evaluated for cost-benefit savings and other measured improvements.

Please tick the appropriate response and fill in the blank spaces.

8. Based on the definitions above do you have a wellness initiative or a wellness program?
Wellness Initiative
Wellness Programme
Neither
If your response is "Neither", go to question 9 otherwise proceed to question 10.
9. (i) Have you ever considered implementing a wellness initiative or program for your company? Yes No
(ii) If "Yes" please describe: _____

- (iii) If "No" please state limitations: _____

10. What would you say is the main reason for your initiative/program, in preferred order?
Improved employee health and benefits
Increased productivity
Increased cost-benefit savings
Reduce health care costs

11. What is included in your wellness initiative/program?
- | | | | |
|-------------------------------|--------------------------|-----------------------------|--------------------------|
| Gym/Exercise Program | <input type="checkbox"/> | Day Care/Homework/After- | |
| Immunization | <input type="checkbox"/> | School Program | <input type="checkbox"/> |
| Health Checks (blood pressure | | Massage | <input type="checkbox"/> |
| blood sugar/cholesterol) | <input type="checkbox"/> | Health Talks | <input type="checkbox"/> |
| Employee Assistance Program | <input type="checkbox"/> | Nutrition Clinics | <input type="checkbox"/> |
| Back Care | <input type="checkbox"/> | Smoking Cessation Programs | <input type="checkbox"/> |
| Stress Management | <input type="checkbox"/> | Lifestyle Training/Coaching | <input type="checkbox"/> |
| Other _____ | | | <input type="checkbox"/> |
12. Are the initiatives/programs working well? Yes No Unsure
13. If No, what would you say is the main reason for it not working, (please state)
- _____
14. What do you use to check whether your initiatives/programs are working or not?
- | | |
|-------------------------------|--------------------------|
| No. of sick days | <input type="checkbox"/> |
| No. of days absent | <input type="checkbox"/> |
| Health claims | <input type="checkbox"/> |
| Percentage Health claim usage | <input type="checkbox"/> |
| Prescription drug usage | <input type="checkbox"/> |
| Other _____ | |
-
15. Do you plan to make changes to your initiative/program? Yes No
- If Yes, please explain: _____
16. Have you ever done a health assessment to determine the risk factors of your employees to check whether they practice healthy or unhealthy lifestyle habits?
- Yes No
17. Do you target all your employees, those with low and high risk or mainly the ones with diagnosed health problems (high risk)? All Mixed High Risk
18. Are you willing to send employees, who would drive the process of developing your wellness programme to a paid training seminar conducted by experienced overseas consultants? Yes No
19. How many persons would you be able to send to a two-day training course at
- US\$450 _____ or \$500 per person? _____
20. If you are unable to send persons for training which approach would you prefer?
- | | |
|--|--------------------------|
| A Do-it –yourself manual | <input type="checkbox"/> |
| Consultant working along with your HR/Personnel Department | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> |

All of the above information will be held in the strictest confidence. Thank you for participating, your comments will enable us to better plan and execute future health development programmes and tailor them to meet your needs.