**Program Activity: Staff Wellness**

**Healthy Eating**

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| --- | --- | --- | --- | --- |
| **How often do you:** | **Never** | **Sometimes** | **Most of the time**  | **Always** |
| Make an effort to eat less? |  |  |  |  |
| Avoid oversized portions? |  |  |  |  |
| Make half your plate fruits & vegetables? |  |  |  |  |
| Make at least half your grains whole grains? |  |  |  |  |
| Drink fat-free (skim) or low-fat (1%) milk? |  |  |  |  |
| Choose low-sodium foods? |  |  |  |  |
| Drink water instead of sugary drinks? |  |  |  |  |

1. Why is healthy eating important to you, personally? (e.g., “It would help me to feel better, lose weight, manage illness, etc.”)
2. What one strategy do you want to try to improve your diet?
3. What makes it hard to eat healthy? What makes it easy?
4. How could our workplace better support you?

**Physical Activity**

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| --- | --- | --- | --- | --- |
| **How often do you:** | **Never** | **Sometimes** | **Most of the time**  | **Always** |
| Do physical activity at least three days of the week? |  |  |  |  |
| Do muscle-strengthening activities at least 2 days a week? |  |  |  |  |
| Do moderate physical activities for at least 2.5 hours a week? |  |  |  |  |
| Do vigorous physical activities for at least 1 hr, 15 min per week? |  |  |  |  |

1. Why is physical activity important to you, personally?
2. What one strategy do you want to try to improve your physical activity?
3. What makes it hard to be active? What makes it easy?
4. How could our workplace better support you?

**Stress**

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| **How often do you:** | **Never** | **Sometimes** | **Most of the time**  | **Always** |
| Get enough sleep (6-8 hours a night)? |  |  |  |  |
| Do at least one thing you enjoy each day? |  |  |  |  |
| Take 15-20 minutes a day to sit quietly and relax?  |  |  |  |  |
| Move through your day at a reasonable pace? |  |  |  |  |

1. Why is reducing stress important to you, personally?
2. What one strategy do you want to try to reduce your stress?
3. What makes it hard to reduce stress? What makes it easy?
4. How could our workplace better support you?

**Screen Time**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How often do you:** | **Never** | **Sometimes** | **Most of the time**  | **Always** |
| Use a screen for more than 2 hours a day (not including work or homework)? |  |  |  |  |
| Eat meals or snacks during screen time? |  |  |  |  |
| Keep the TV on while doing other things (e.g., while eating dinner, as background noise, etc.) |  |  |  |  |
| Channel surf or surf the web, without looking for something specific? |  |  |  |  |

1. Why is reducing screen time important to you, personally?
2. What one strategy do you want to try to reduce your screen time?
3. What makes it hard to reduce screen time? What makes it easy?
4. How could our workplace better support you?

**Breastfeeding**

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| --- | --- | --- | --- | --- |
| **Have you:** | **Never** | **Sometimes** | **Most of the time**  | **Always** |
| Discussed with your manager the need for break time and space to breastfeed or pump? |  |  |  |  |
| Discussed appropriate breast milk feeding practices with the person caring for your baby? |  |  |  |  |
| Discussed with your family how they can support you to start and continue breastfeeding? |  |  |  |  |
| Looked for resources to support you with any challenges? |  |  |  |  |

1. Why is breastfeeding important to you, personally?
2. What one strategy do you want to try to enable you to start or continue breastfeeding?
3. What makes it hard to breastfeed? What makes it easy?
4. How could our workplace better support you?