

WELLNESS INTEREST SURVEY RESULTS

Skidmore College

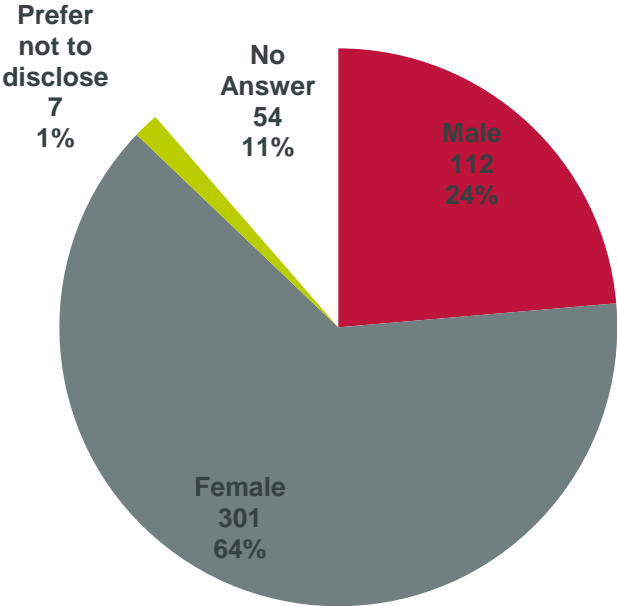
March 22, 2016

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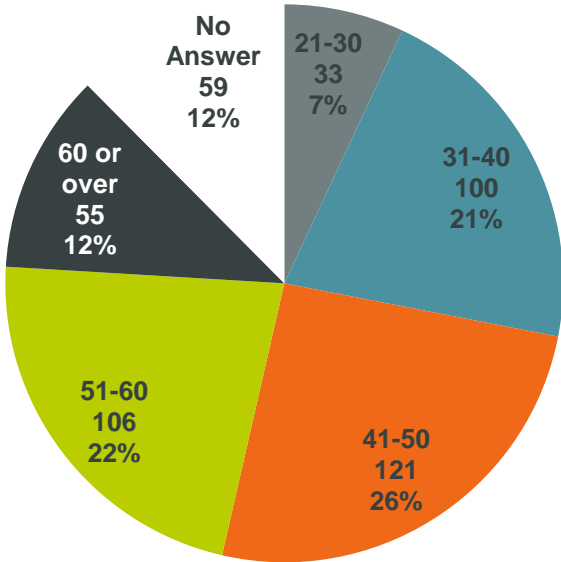
DEMOGRAPHICS

474 surveys collected

GENDER

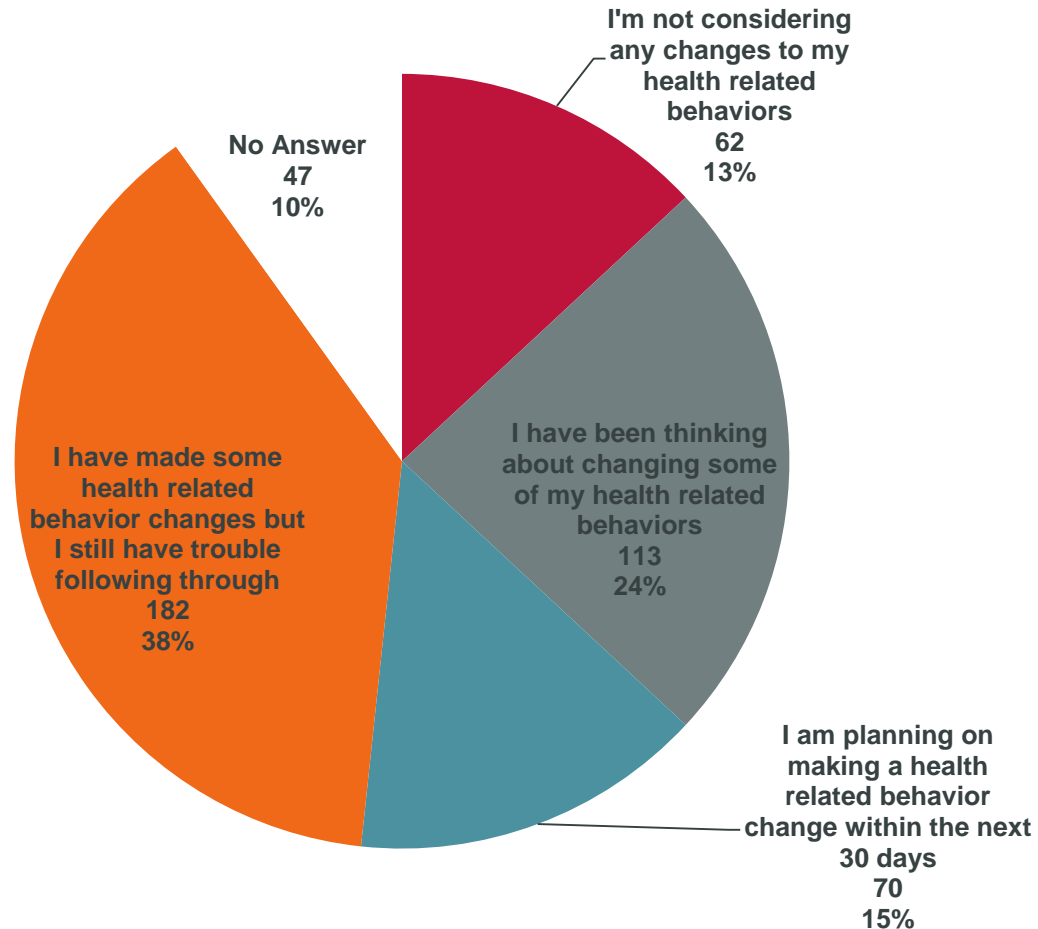


AGE



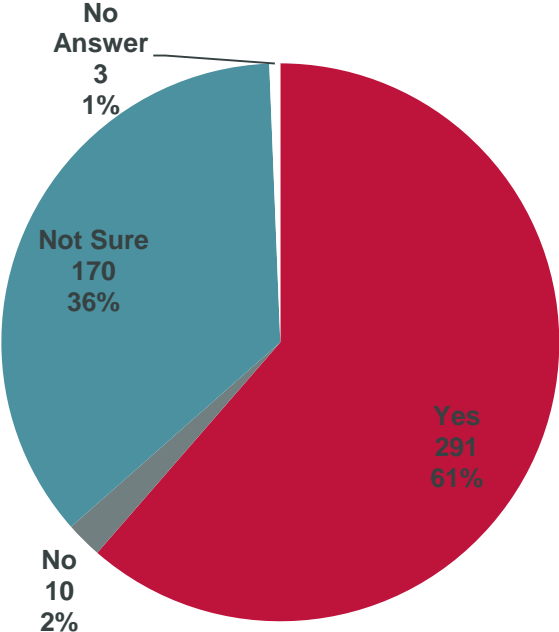
BEHAVIOR CHANGE STATUS

In which of the following categories would you place yourself?

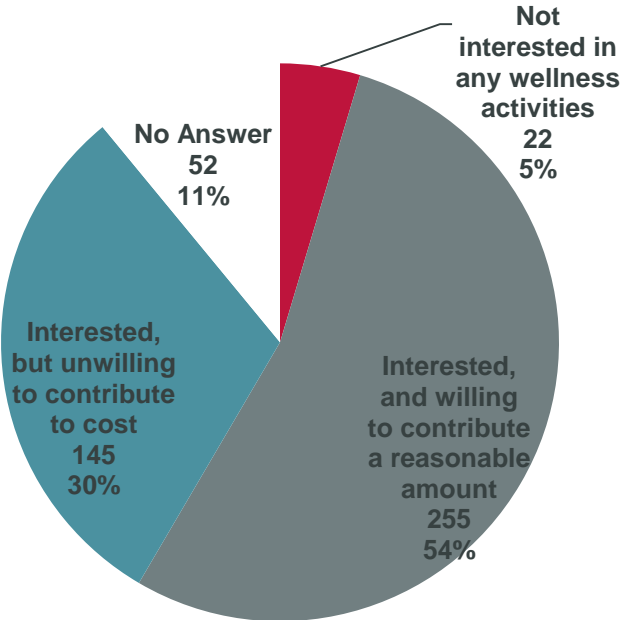


INTEREST

Would you personally take part in a wellness program if we offered one?

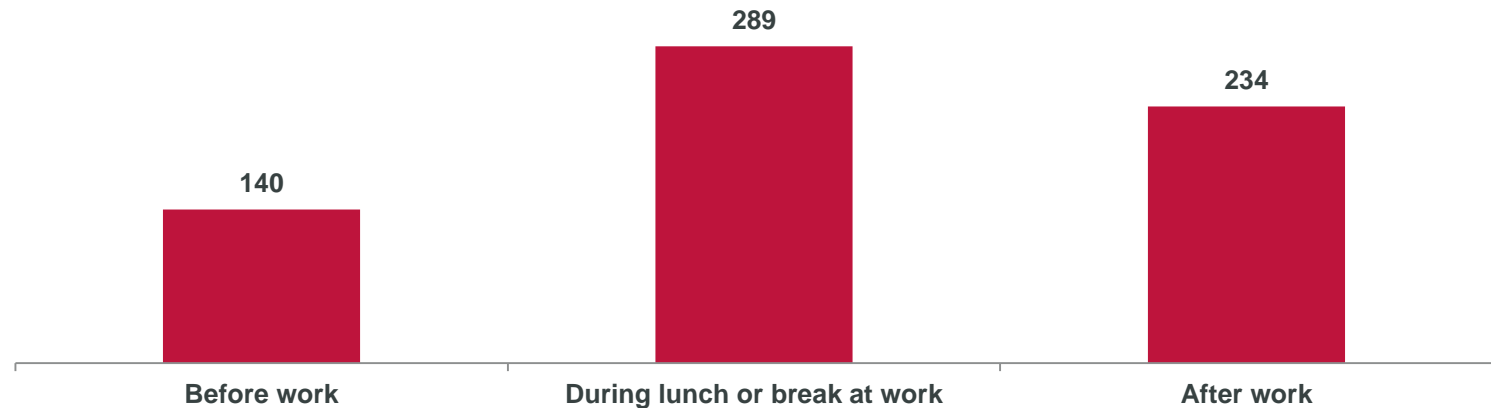


Would you be willing to cost-share with the college for some wellness activities?



TIME OF DAY

When would you participate in the above activities (please check all that apply)



What Time:

- (4) 6:00am
- (3) 6:30am
- (13) 7:00am
- (2) 7:15am
- (7) 7:30am
- (3) 8:00am
- (2) 9:00am
- (1) 10:00am
- (1) 11:00am
- 5:00-7:00 AM
- AM 5:30 - 7:30
- very early - 5:30-7 a.m.
- after 6 am
- 6:30-8:00 am
- 7am-9am
- 7:30-9 am
- (2) Before 8:00 am

- btwn 8 - 10 AM 8:30 - 10 AM usually.
- between 8:30 and 3
- (41) 12:00pm
- (3) 1:00pm
- (1) 3:00pm
- (2) 3:15pm
- 3:30pm
- (6) 4:00pm
- (14) 4:30pm
- (3) 4:45pm
- (21) 5:00pm
- (4) 5:15pm
- (7) 5:30pm
- (5) 6:00pm
- (1) 6:30pm
- (2) 7:00pm
- (2) 8:00pm
- mid day, mid afternoon

- afternoons or early evenings
- anytime after noon
- 12-2
- 12-3 pm
- 1-3pm
- After 2:00
- 3-5pm
- after 3 p.m.
- (3) 4 - 6 pm
- (3) after 4:30 PM
- 4:30 - 7 pm (depending on childcare availability)
- (3) 4:30-6:00PM
- 4:30-7:30
- (2) after 5 PM
- Right after work at 5:00 because I do not live in Saratoga
- (2) 5-7pm
- begin after 5:00pm end no later than 8:00pm

TIME OF DAY (CONTINUED)

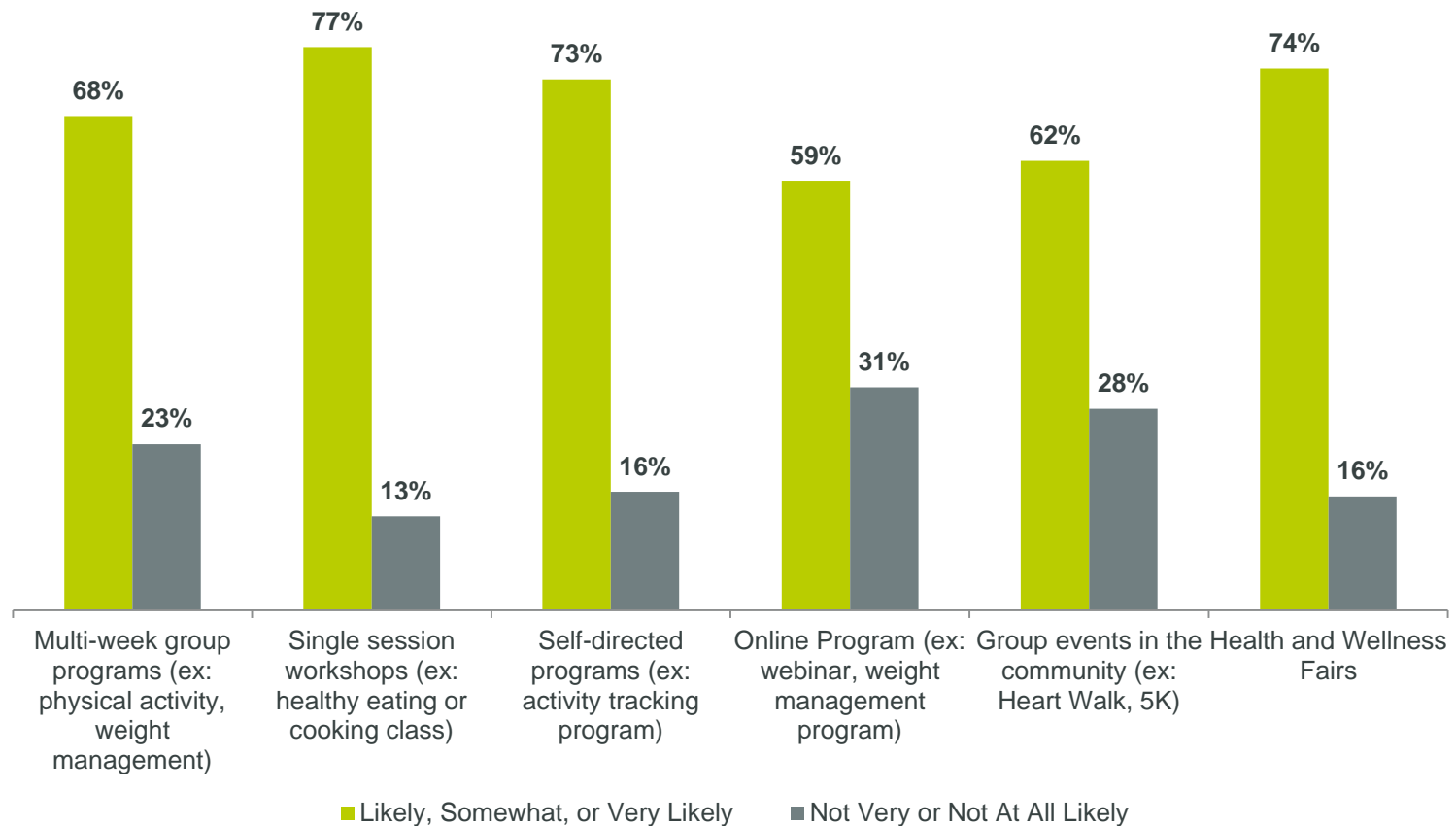
When would you participate in the above activities

What Time:

- Before dinner or after dinner depending on the activity
- after 6 pm
- before 7:00pm
- 6:30
- (7) 5-6
- (2) 5:15
- 5:30
- 7:00-9:00
- (2) Weekends
- Whenever possible
- (16) Varies depending on the day
- Don't know
- During work, at the start, during or end of faculty meetings and community (staff) meetings
- Either right in the morning, or at the end of the day.
- Evenings and weekends
- Flexible
- I can only do things on my lunch break. I live too far away to make it convenient to do activities before or after work.
- I start at 7:30. My lunch break varies
- I work 5pm-1am so it would have to be at night. Since I live far, I cannot come in earlier.
- if after work it would have to be kid (i.e., stroller) friendly. If during the day ideally it would be offered mid-day multiple days a week so that at least once or twice it wouldn't conflict with my teaching schedule.
- immediately following the end of the day
- in between classes
- Lunch
- lunch break or immediately after work
- Lunch time; odd times
- prefer afternoon/evenings, but want to try and get more involved in morning workouts
- Not interested
- 6am - 8pm

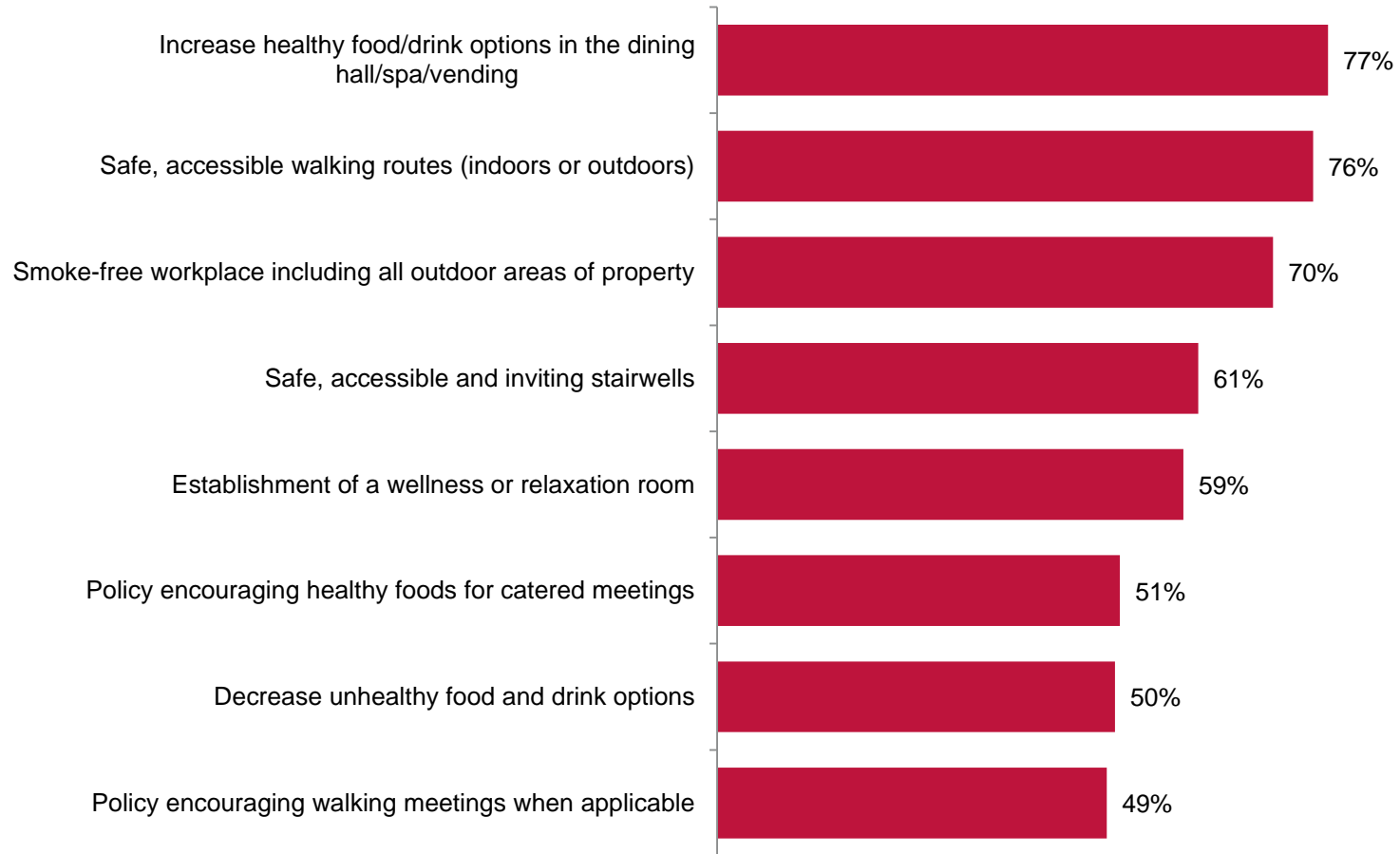
TYPES OF EVENTS

If it was a topic of interest to you, how likely are you to participate in the following:



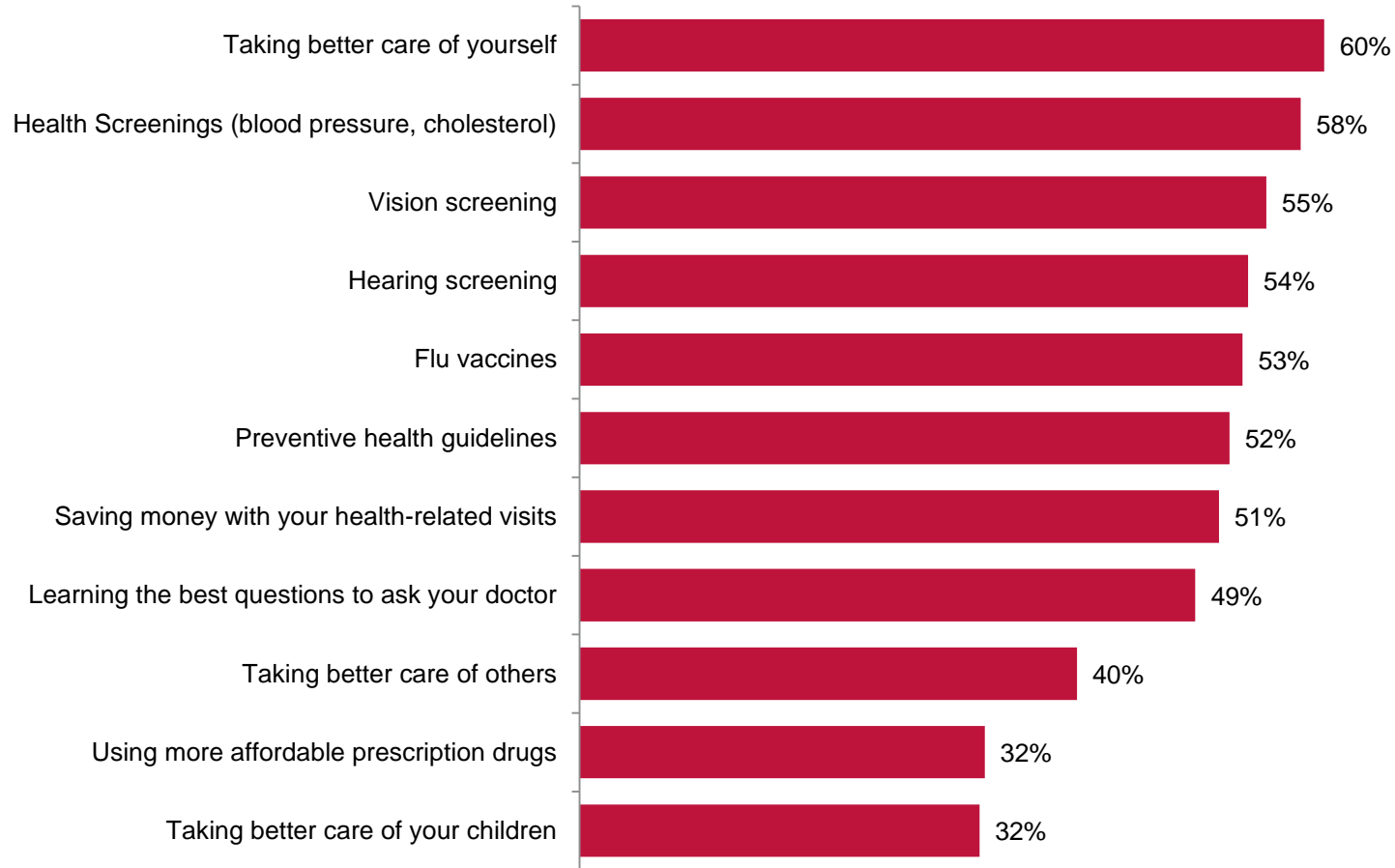
SUPPORT

Would you support any of the following: (Check all that apply)



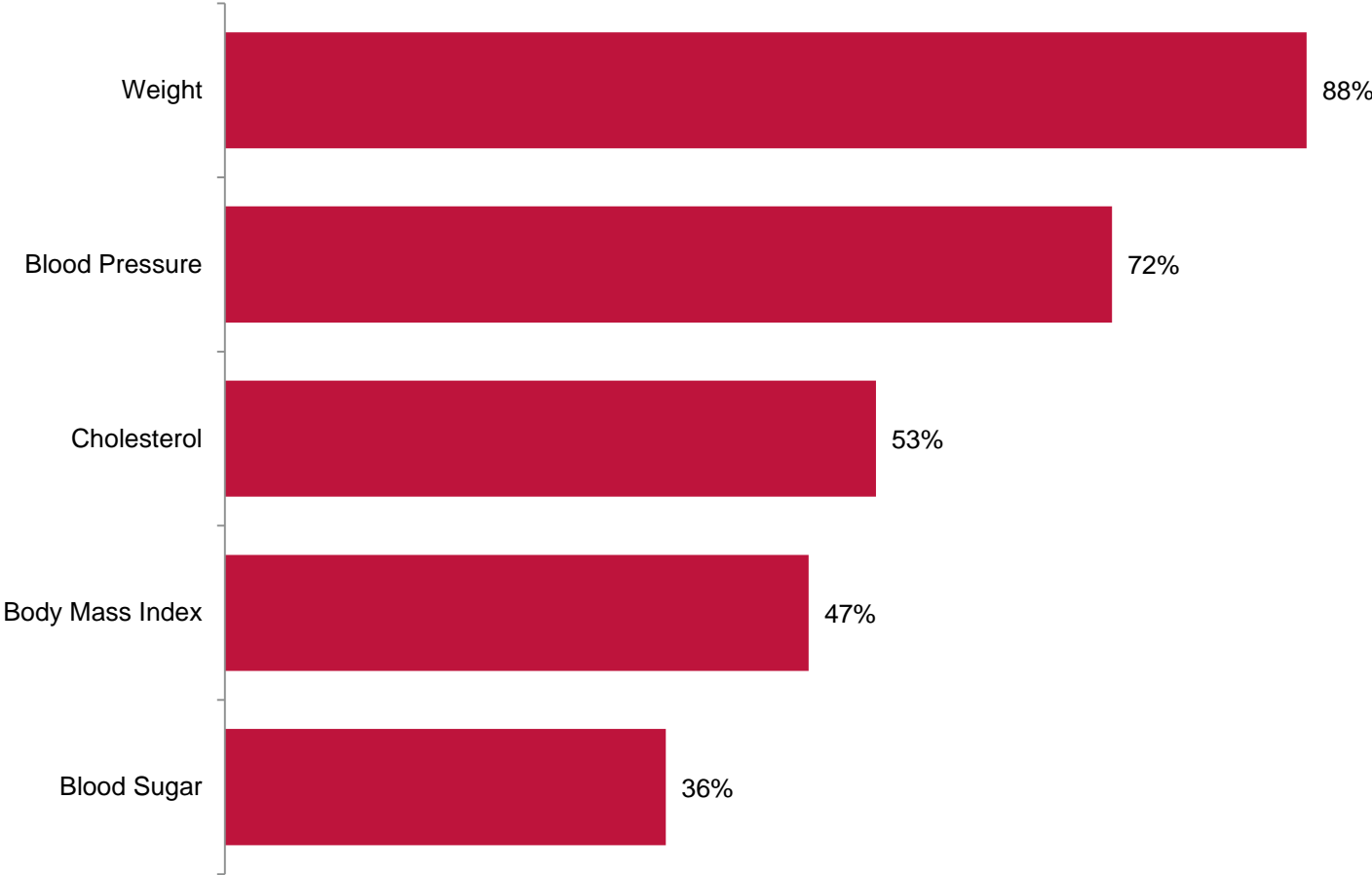
SELF-CARE

Please indicate if you would be interested in participating in any of the following at your work place during the next 12 months:



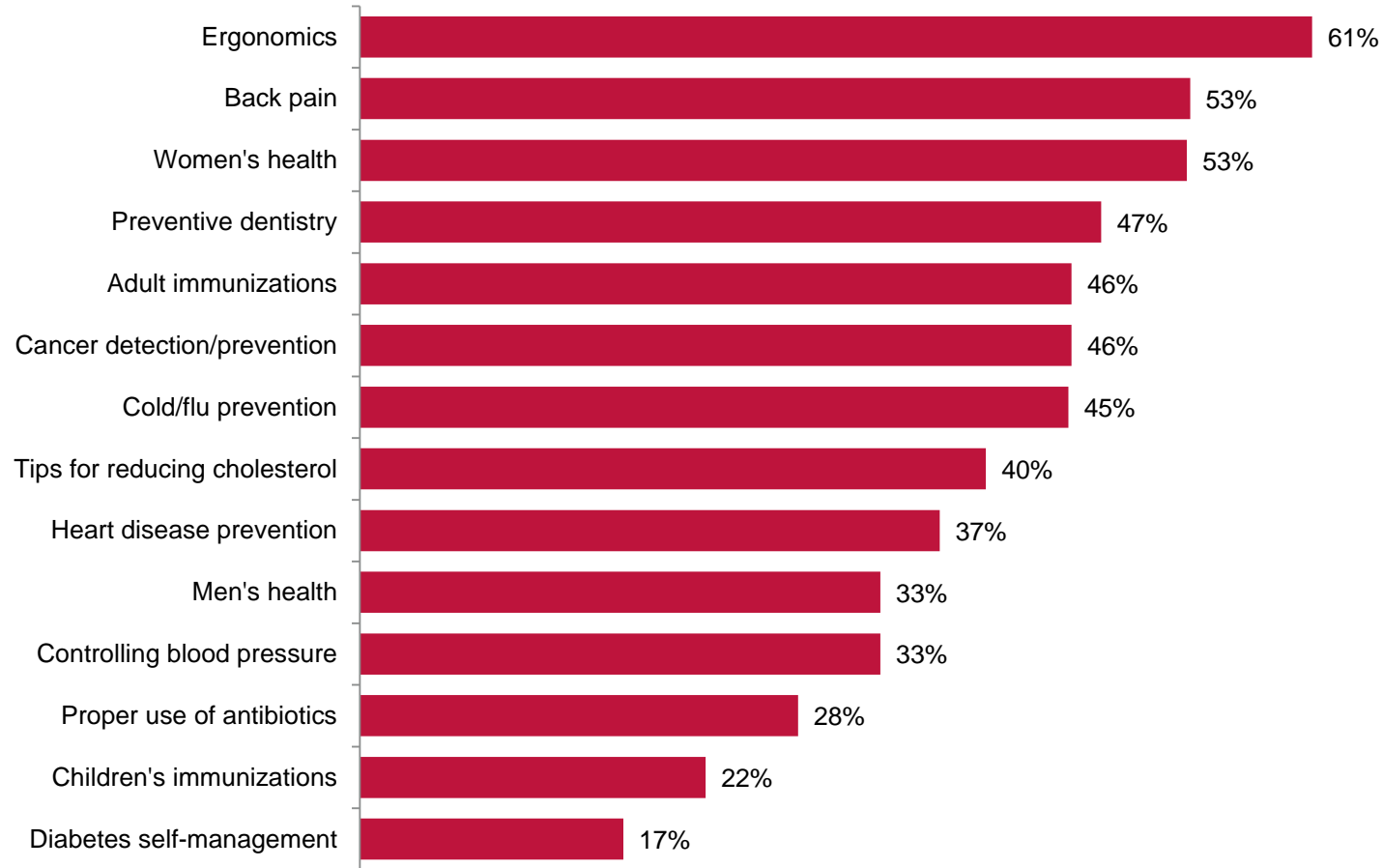
SELF-CARE (CONTINUED)

Do you know your numbers for the following:



DISEASE MANAGEMENT

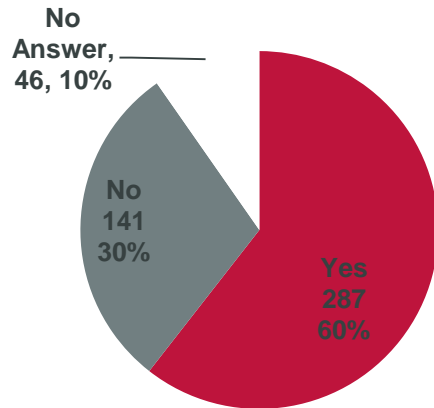
Please indicate if you would be interested in participating in any of the following at your work place during the next 12 months:



PHYSICAL ACTIVITY

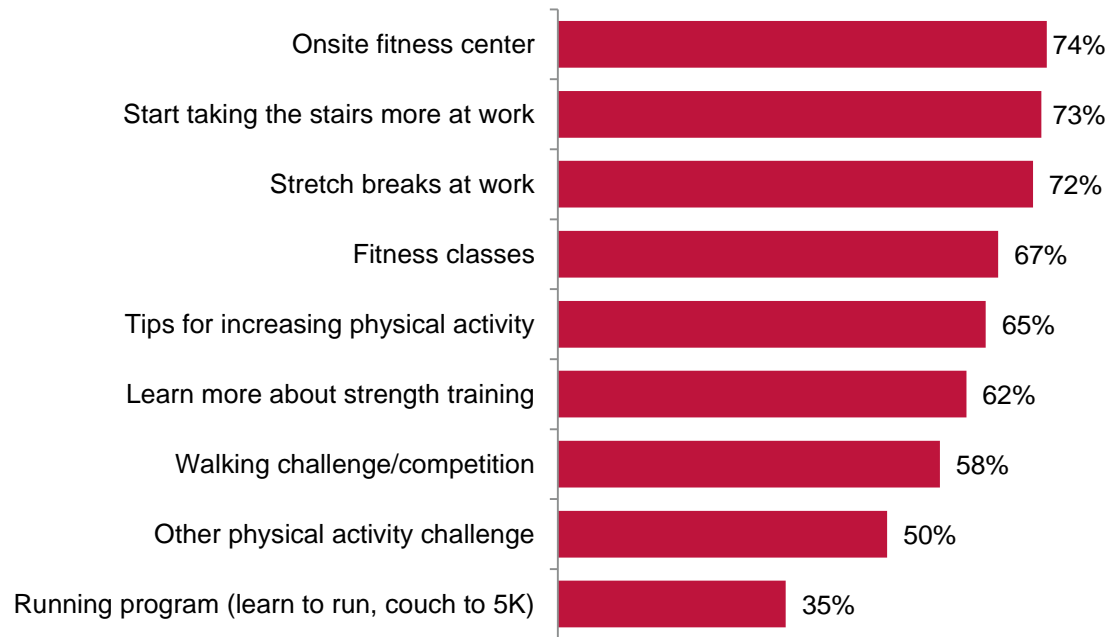
PARTICIPATION

Are you physically active most days of the week (150 minutes of movement per week)?



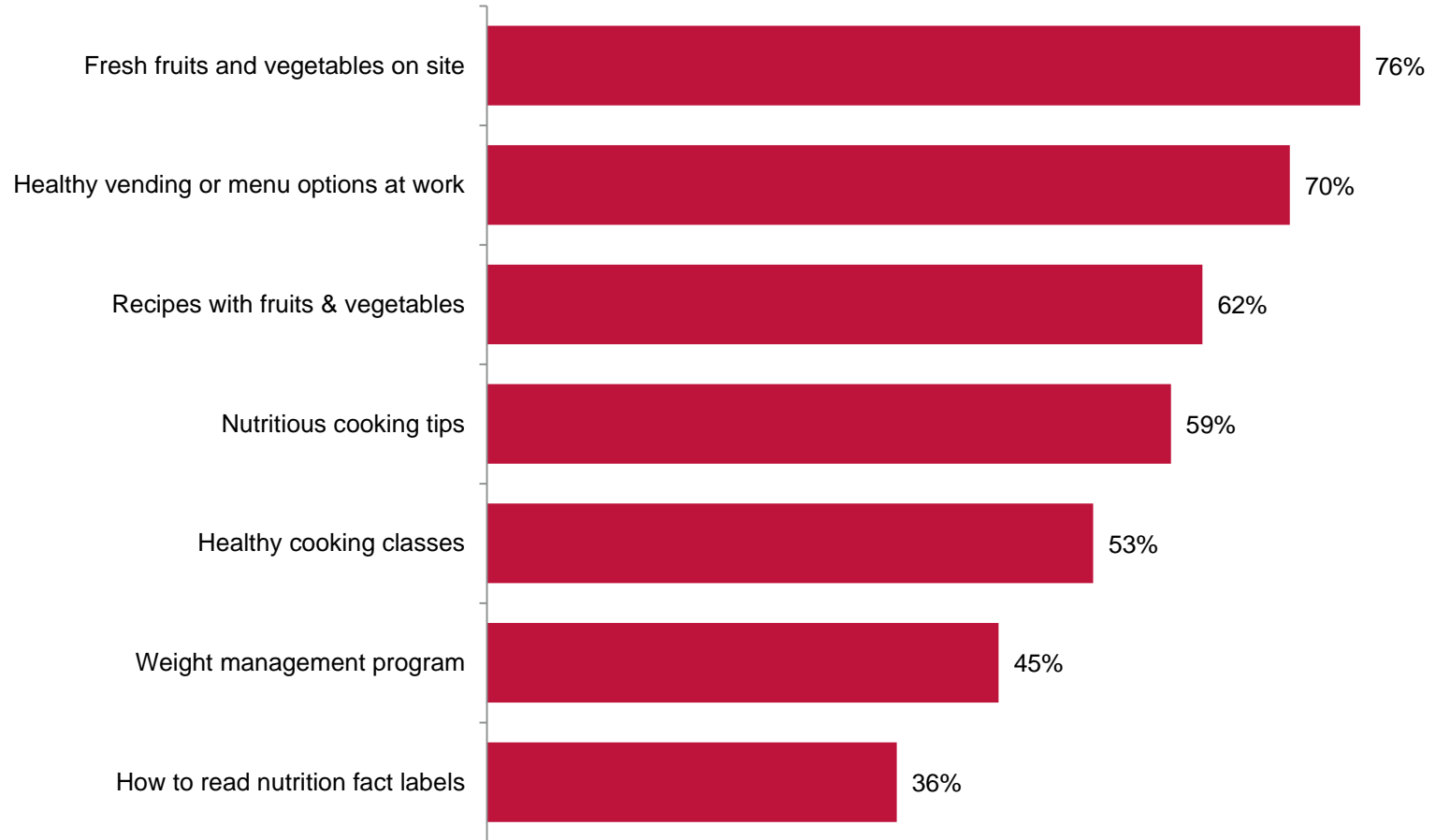
INTEREST

Please indicate whether or not you would be interested in learning more about any of the topics listed below if it were offered at work during the next 12 months: (% Yes)



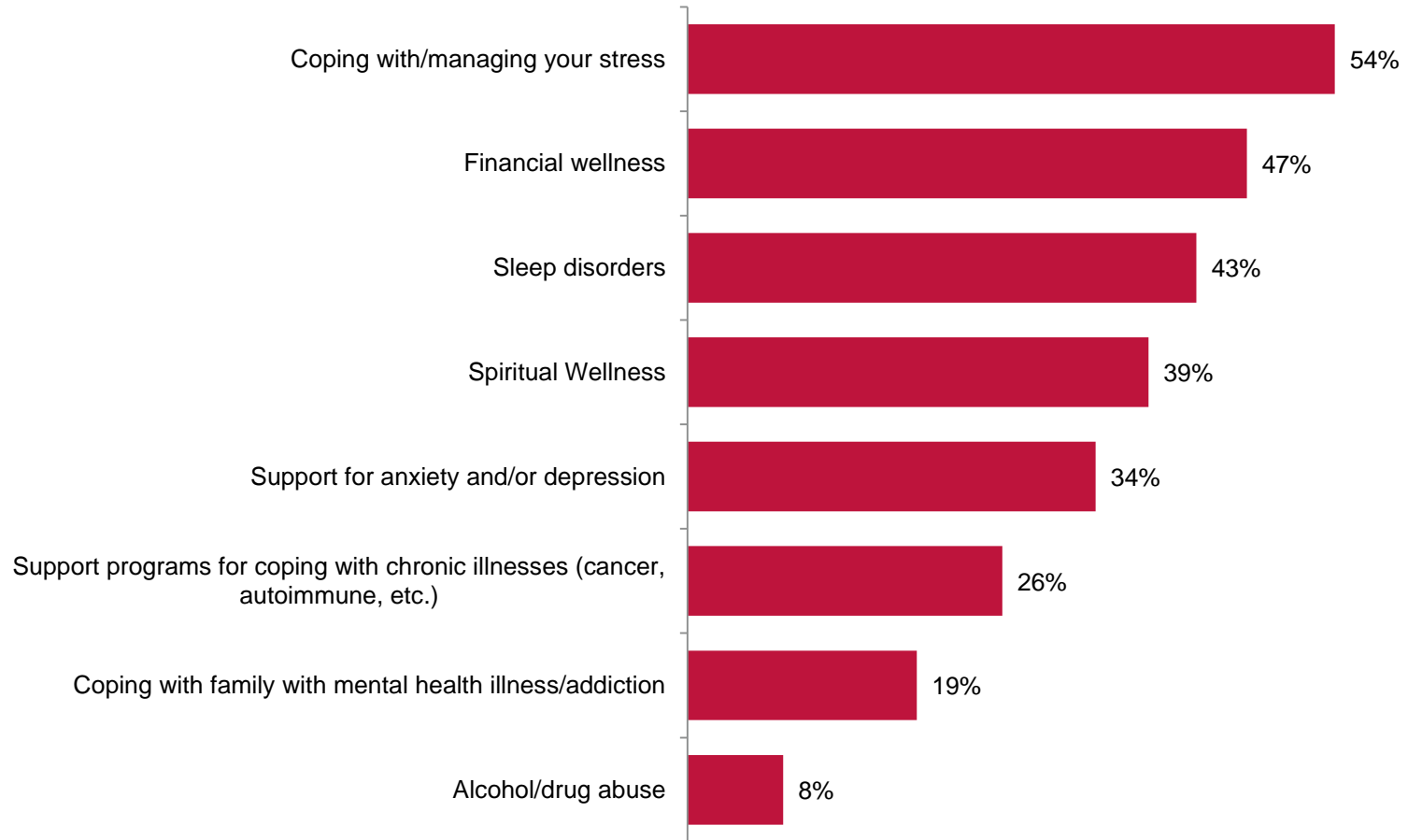
NUTRITION AND WEIGHT MANAGEMENT

Please indicate if you would be interested in participating in any of the following at your work place during the next 12 months:



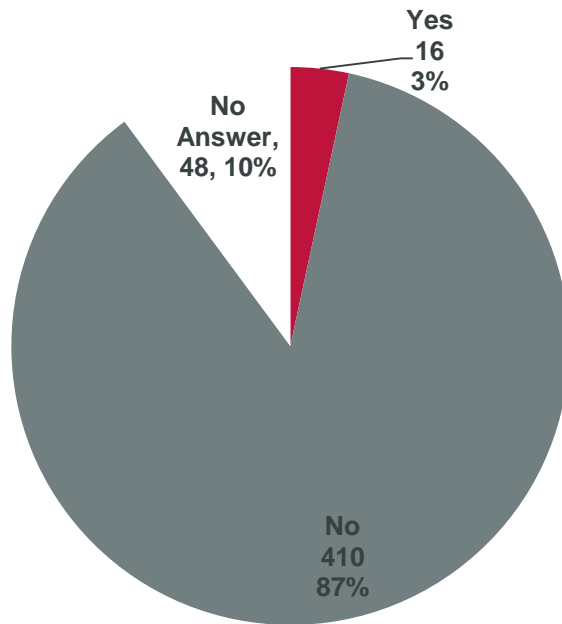
MENTAL WELLNESS

Please indicate if you would be interested in participating in any of the following at your work place during the next 12 months:

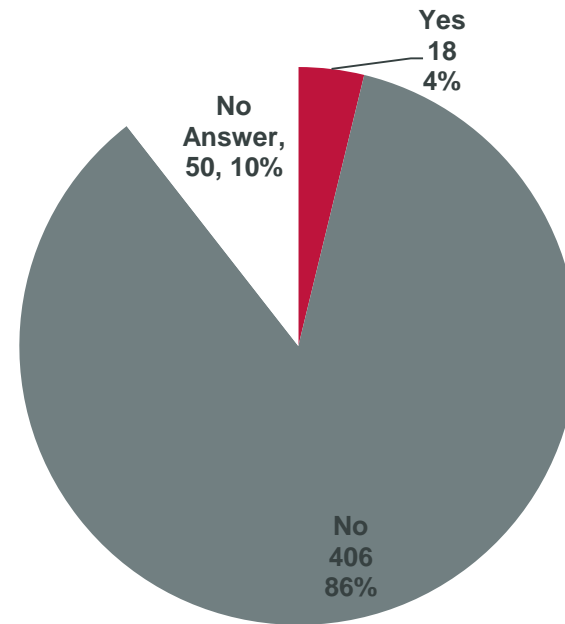


TOBACCO USAGE

Do you use tobacco products (cigarettes, cigars, a pipe, or electronic smoking devices)?

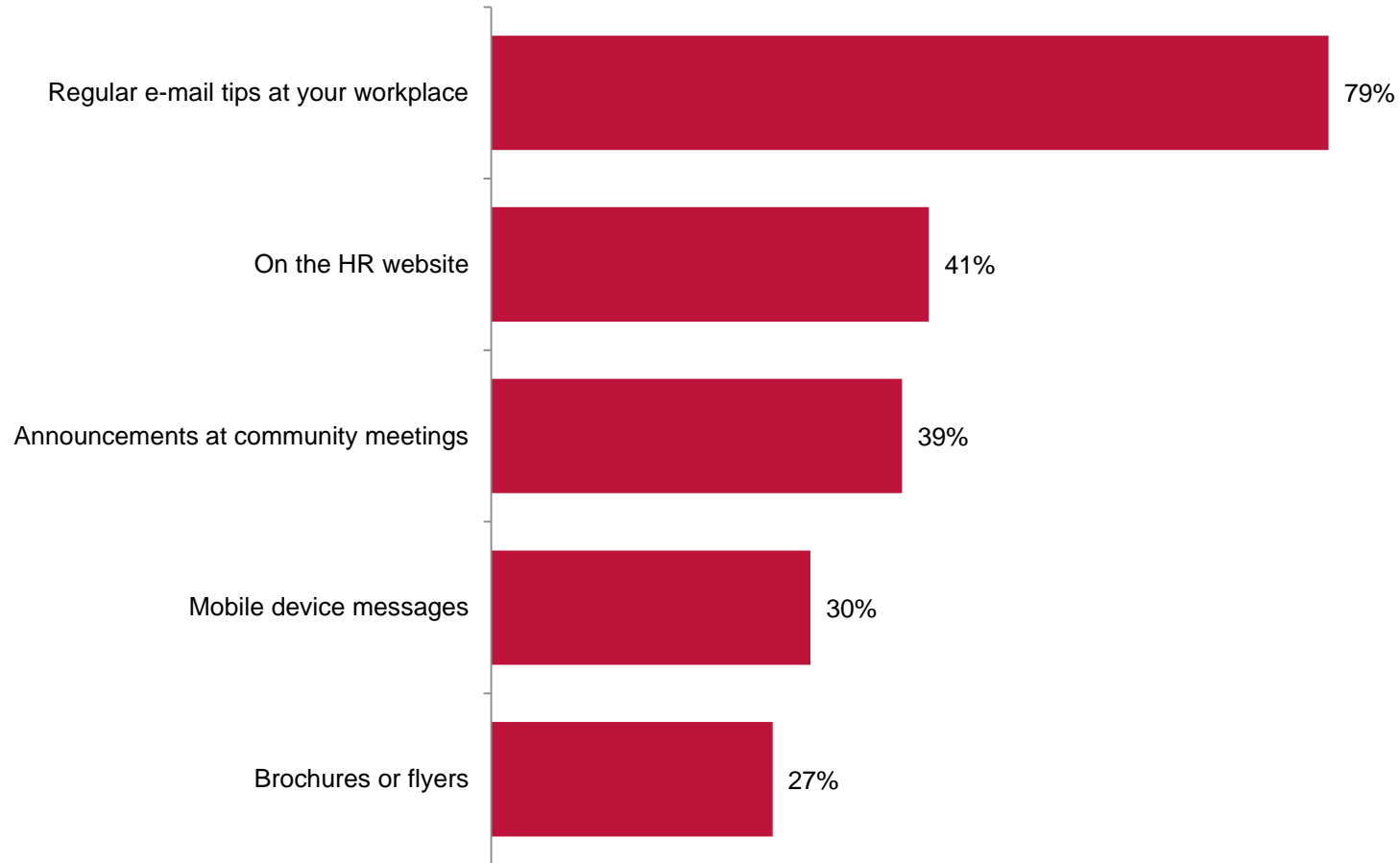


Are you interested in attending information sessions/classes about quitting tobacco use for yourself/family member?



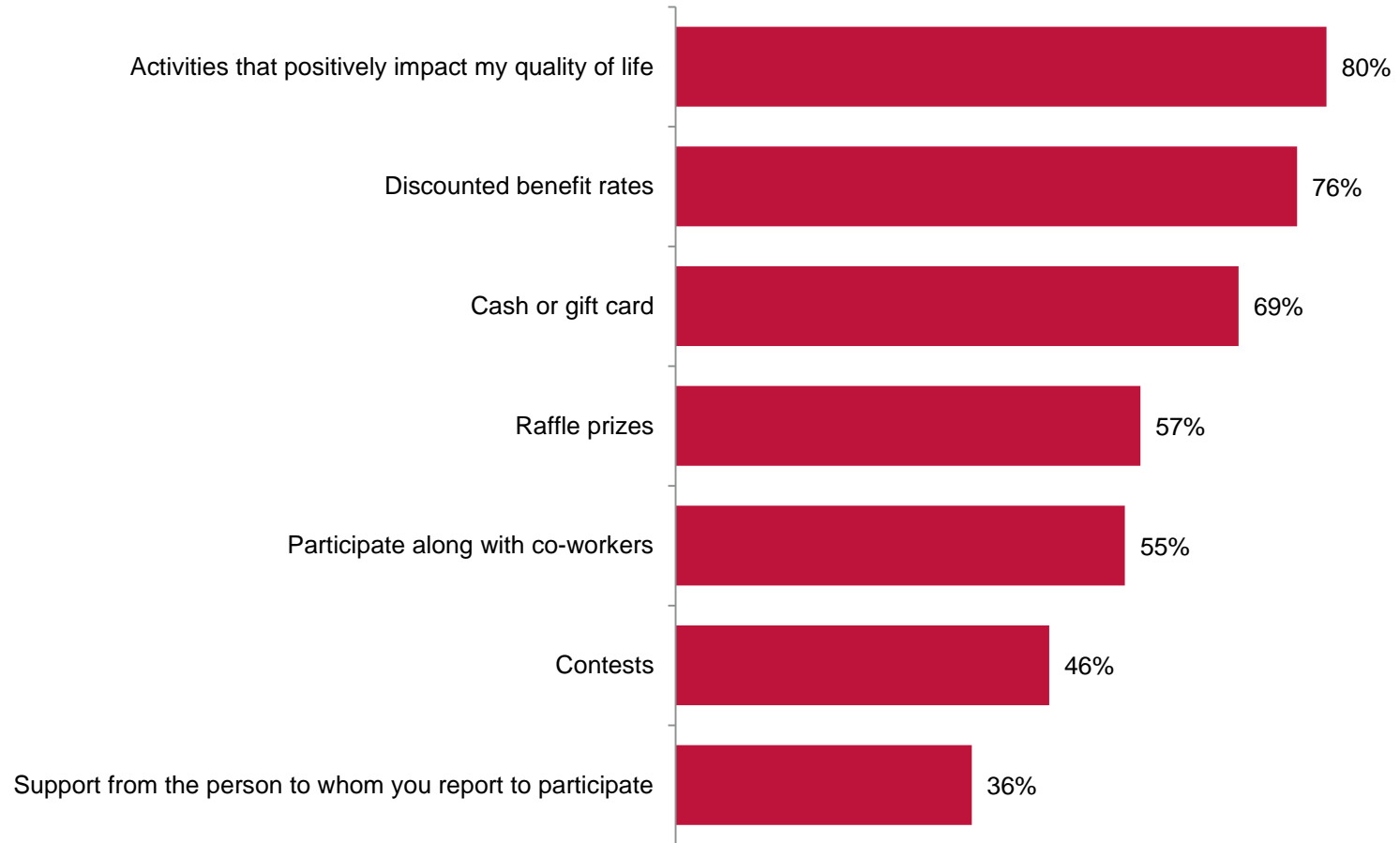
PREFERRED METHOD FOR RECEIVING INFORMATION

If you were to receive information about activities, health topics, news or tips about health related behavior changes, how would you prefer to get that information? (% Yes)



PREFERRED INCENTIVE TO PARTICIPATE

Which of the following would encourage and increase your likelihood to participate in health promotion activities? (% Yes)



BARRIERS TO PARTICIPATION

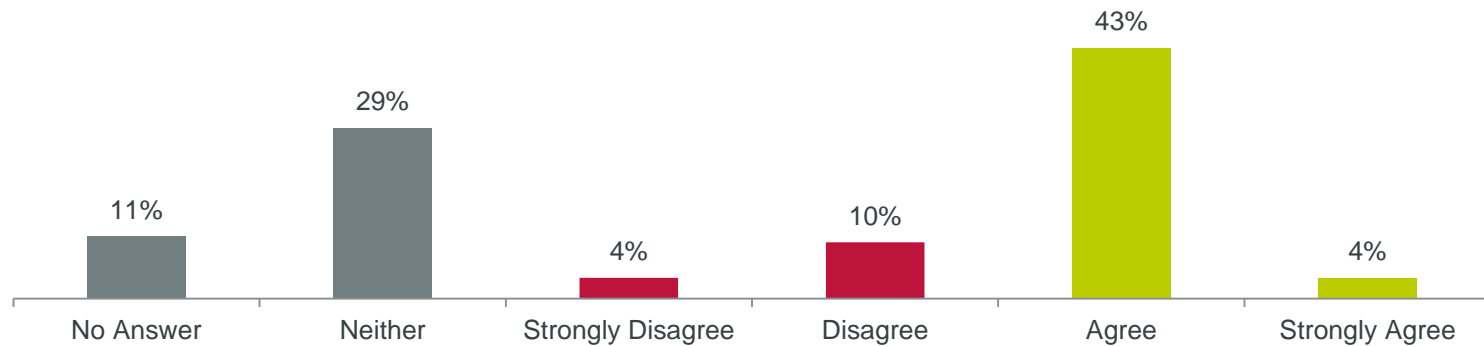
Are there any barriers that prevent you from participating in wellness activities?
(Check all that apply)



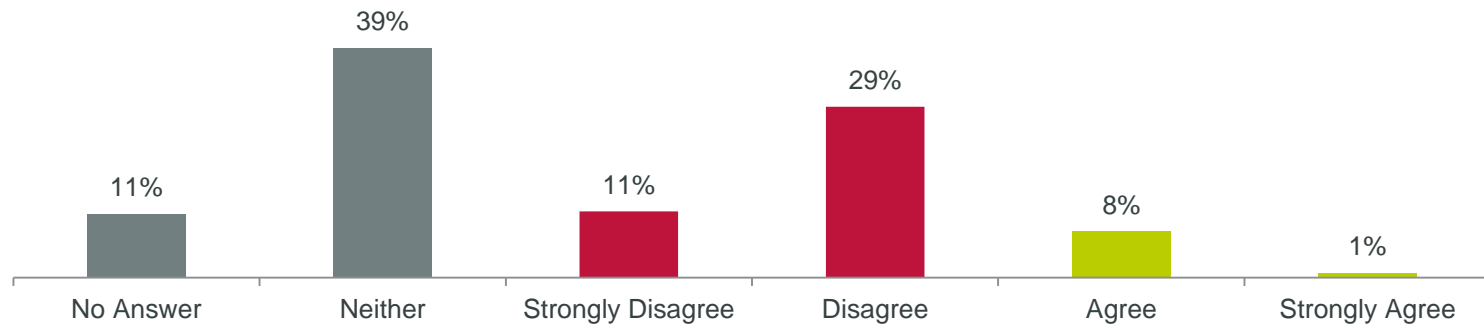
VIEWS ABOUT WORK ENVIRONMENT

How much do you agree or disagree with the following statement?

The college is committed to the health and wellness of its faculty and staff.



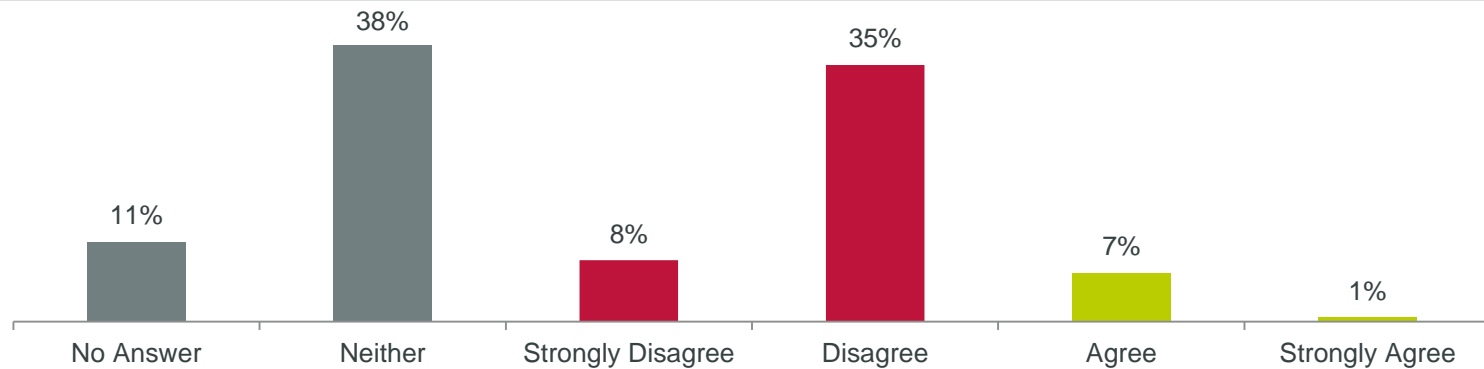
Healthy lifestyles are recognized and rewarded within the college.



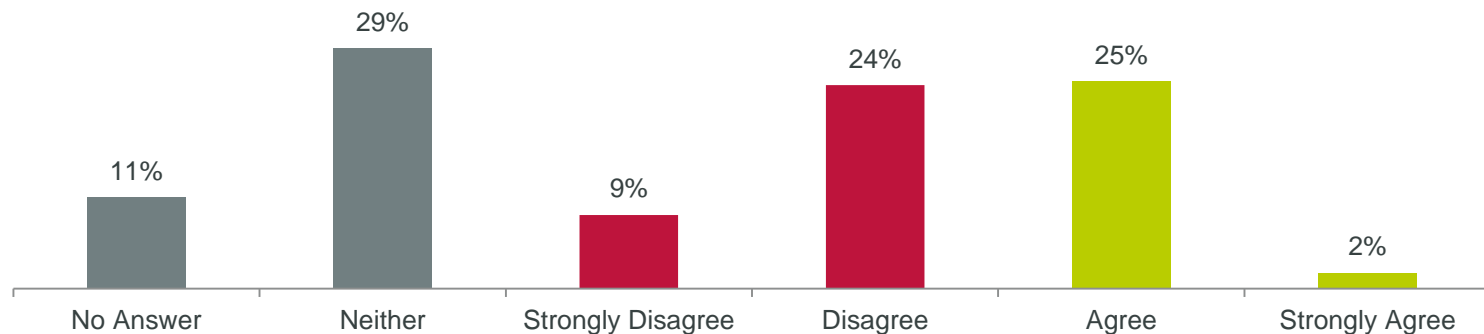
VIEWS ABOUT WORK ENVIRONMENT (CONTINUED - 1)

How much do you agree or disagree with the following statement?

Faculty and staff are taught skills needed to achieve a healthy lifestyle.



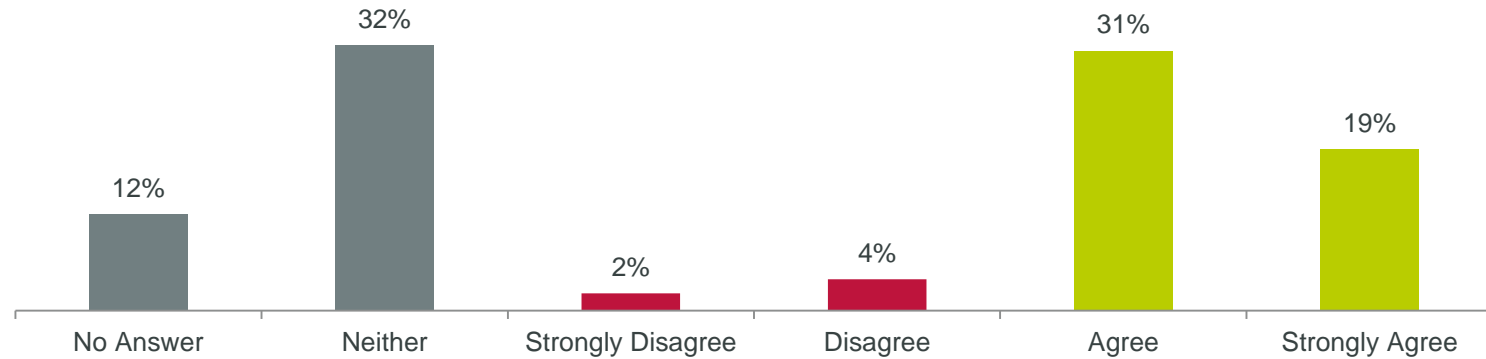
The work environment makes it easy to make healthy dietary choices.



VIEWS ABOUT WORK ENVIRONMENT (CONTINUED - 2)

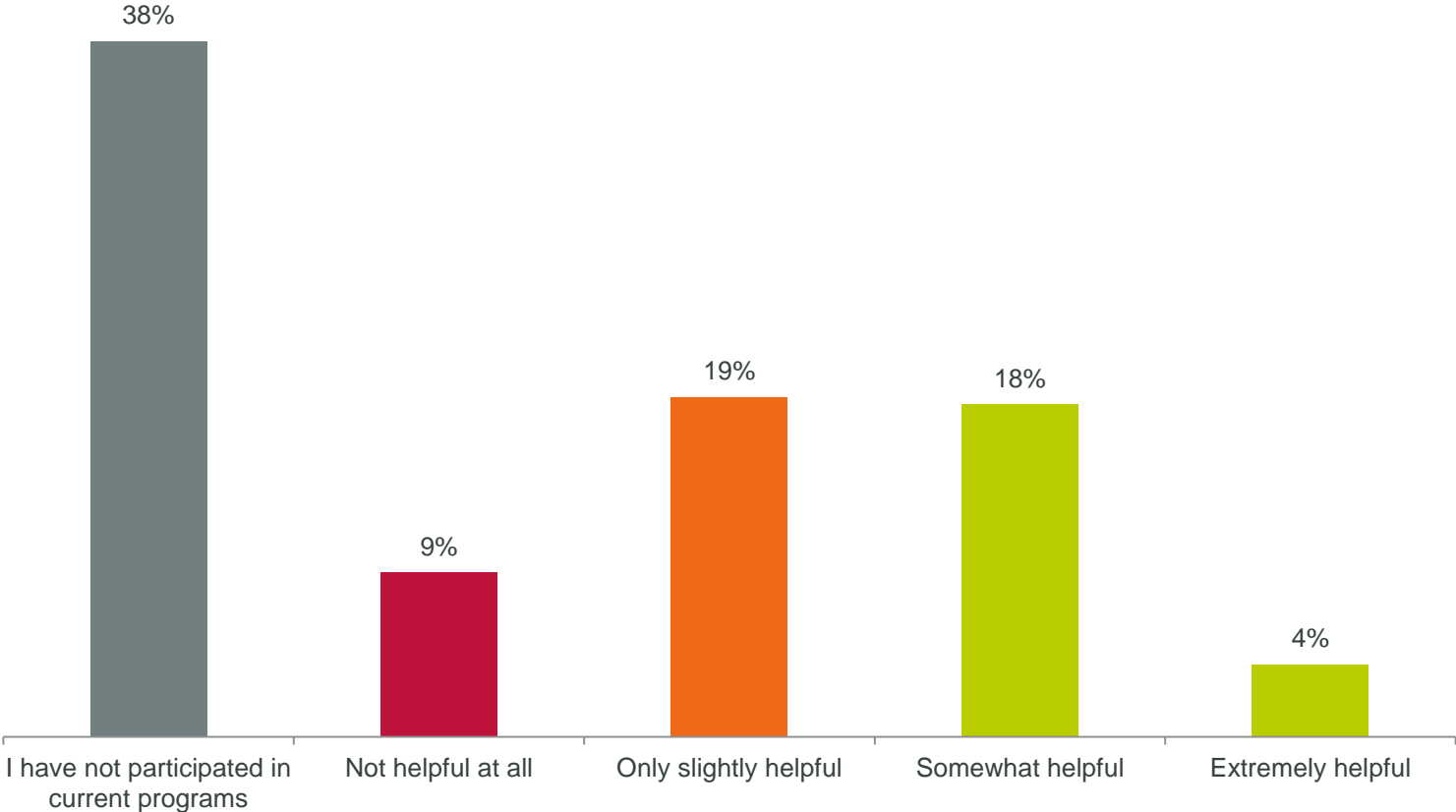
How much do you agree or disagree with the following statement?

The person to whom I report supports my participation in health and wellness activities.



CURRENT WELLNESS PROGRAM

Please rate how helpful our current wellness programs have been in helping you reach your wellness goals.



A close-up photograph of a person's hand holding a black paddle in a blue canoe. The person is wearing a silver watch. The water is dark blue and shows ripples. The canoe is in the foreground, and the background is slightly blurred.

THANK YOU!