



Worksite Wellness Toolkit

EMPLOYEE SATISFACTION SURVEY RESULTS FORM

Name of Worksite: _____

Report prepared by: _____

Number of surveys distributed: _____

Number of surveys returned: _____

Percent (%) of employees aware of the worksite wellness program _____

Percent (%) of employees aware of the worksite wellness committee _____

Percent (%) of employees who participated in worksite wellness activities _____

Percent (%) of employees who reported lifestyle changes occurred due to worksite wellness program activities _____

Percent (%) of employees who would like to participate in future worksite wellness program activities _____