

## SAMPLE EMPLOYEE SURVEY

1. Are you interested in participating in a fitness program?      \_\_\_\_\_ yes      \_\_\_\_\_ no
2. If interested, your preference would be: (Number your preferences in order of importance with "1" being of the most interest to you.)  
  
\_\_\_\_\_ an off-site fitness center near my home in \_\_\_\_\_  
  (city/state)  
\_\_\_\_\_ an off-site fitness center near my duty station  
  
\_\_\_\_\_ a shower/locker room facility at my duty station  
  
\_\_\_\_\_ a treadmill and basic weight lifting equipment at my duty station
3. Would you be willing to share the cost for membership at an off-site fitness center if the USGS arranged for a discount of the membership rate or reimbursed you for a portion of the rate?      \_\_\_\_\_ yes      \_\_\_\_\_ no
4. Do you currently belong to a fitness center?      \_\_\_\_\_ yes      \_\_\_\_\_ no
5. If so, which one? Name of Center: \_\_\_\_\_  
  
Location of Center: \_\_\_\_\_
6. How often do you/would you use a fitness facility?  
  
\_\_\_\_\_ daily      \_\_\_\_\_ 1-3 days weekly      \_\_\_\_\_ other, please explain  
  
\_\_\_\_\_
7. Please indicate below the time(s) you would be most likely to participate in a fitness program. (If you are currently an active member of a fitness center as noted above, indicate the time(s) you usually go to work out.)

8. Please number the activities in which you would be/are participating in order of interest with “1” being of the most interest to you.

\_\_\_\_\_ weight training      \_\_\_\_\_ cycling      \_\_\_\_\_ walking  
\_\_\_\_\_ aerobic dance/exercise classes      \_\_\_\_\_ swimming  
\_\_\_\_\_ jogging      \_\_\_\_\_ martial arts      \_\_\_\_\_ kickboxing  
\_\_\_\_\_ circuit training      \_\_\_\_\_ other, please explain

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9. What type of equipment do you prefer when you exercise?  
(Indicate all preferences in order of importance with “1” being of most interest to you.)

\_\_\_\_\_ weight training machines (e.g., Nautilus equipment)  
\_\_\_\_\_ treadmill      \_\_\_\_\_ free weights      \_\_\_\_\_ resistance bands  
\_\_\_\_\_ Universal Gym      \_\_\_\_\_ rowing machines  
\_\_\_\_\_ stationary bike      \_\_\_\_\_ life cycles  
\_\_\_\_\_ other, please explain \_\_\_\_\_

10. Would you participate in a USGS-sponsored program that provided an individual health and fitness assessment?      \_\_\_\_\_ yes      \_\_\_\_\_ no

11. Please indicate your interest in any of the following classes or activities by an “X”.

\_\_\_\_\_ aerobics      \_\_\_\_\_ yoga      \_\_\_\_\_ smoking cessation  
\_\_\_\_\_ weight watchers      other (write in) \_\_\_\_\_