



ENGAGEMENT & SATISFACTION SURVEY

The Bipartisan Policy Center CEO Council's
Physical Activity Pilot

PURPOSE

This survey is to be completed by eligible employees invited to participate in the challenge. The survey will be distributed at the end of the 8-week challenge period to assess awareness, participation, and satisfaction with the Physical Activity Challenge. Participation in this evaluation is voluntary.

Section 1: ABOUT YOUR PARTICIPATION IN THE PHYSICAL ACTIVITY CHALLENGE

1.1 Do you remember seeing/receiving any of the following promotional information about the Challenge?

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Announcements/encouragement from management to participate in programs
<input type="checkbox"/>	<input type="checkbox"/>	Emails about programs from wellness teams or management
<input type="checkbox"/>	<input type="checkbox"/>	Table tents and/or placemats
<input type="checkbox"/>	<input type="checkbox"/>	Posters throughout the building
<input type="checkbox"/>	<input type="checkbox"/>	Calendar of health promotion events
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify): _____

1.2 Did you enroll in your organization's physical activity challenge?

Yes (skip to Q1.4) No (continue to Q1.3)

1.3 If no, why not? (check all that apply):

- Did not know about it
- Was not interested
- Not motivated to exercise
- Lack of time
- None of my friends or co-workers were participating
- Already exercising on my own/participating in other classes/exercise groups
- Missed the deadline to enroll
- Other (please specify): _____

(Skip to Section 3)

1.4 Why did you choose to participate? (check all that apply)

- Enjoy participating in worksite health activities
- Received encouragement to participate from co-workers or management
- Enjoy participating in team competitions
- Incentives were provided
- Wanted to make a healthy change
- Felt pressure from management or colleagues
- Other (please specify): _____

1.5 Did you complete the challenge?

Yes (skip to Section 2) No (continue to Q1.6)

1.6 If you did not complete the challenge, why not? (check all that apply):

- Got injured or sick
- Too much effort to log activity
- Was not engaging/fun
- Too busy
- Other (please specify): _____

Section 2: ABOUT YOUR SATISFACTION WITH THE PHYSICAL ACTIVITY CHALLENGE

2.1 In general, how satisfied are you with the Physical Activity Challenge?

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat dissatisfied
- Completely dissatisfied

2.2 What did you like most about the Physical Activity Challenge? Check all that apply

- It was fun/engaging
- The platform was easy to use
- It was a great way to build team work
- The pressure of competition with others/other teams
- I lost weight
- I achieved my goal
- Other (please specify): _____

2.3 What did you like least about the Physical Activity Challenge? Check all that apply

- It was not fun/engaging
- Too much effort to log activity
- It was too hard to keep up
- The pressure of the competition with others/other teams
- Other (please specify): _____

2.4 What effect did the Challenge have on your.....

	Very Negative Effect	Negative Effect	No Effect	Positive Effect	Very Positive Effect
Morale at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: ABOUT YOUR PHYSICAL ACTIVITY PLANS

3.1 **Do you plan to continue to exercise on your own now that the Challenge is over?**

Yes No

If yes, what are your exercise plans? _____

3.2 **Would you participate in another Physical Activity Challenge at your workplace?**

Yes No

Why or why not? _____

3.3 **Comments?**
