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ORC WELLNESS 2026

Employee Wellness Survey

Tell us how you're doing and what would help you feel your best, at work and at home.

Anonymous: do not write your name. Answers are only reported as group totals.
How to answer: click the boxes and type in the fields, then save. Or print it and mark with a pen.
Time: about 10 minutes. You may skip any question.
Need help? Ask your supervisor or HR. Help in Hmong or Spanish is available.

Section A: About you

General info only. Nothing that identifies you.

1. Which ORC site do you work at?

☐ La Crosse ☐ Arcadia ☐ Brownsville ☐ RF Snowshoes / Canoe / Outdoors ☐ Ely
☐ Embroidery ☐ VL Laundry ☐ 3PL ☐ Texas ☐ Other _____

2. What shift do you usually work?

☐ 1st shift ☐ 2nd shift ☐ 3rd shift ☐ Varies

3. What best describes your job?

☐ Production / sewing / cutting ☐ Warehouse / logistics ☐ Laundry ☐ Office / administrative
☐ Supervisor / manager ☐ Other _____

4. How much of your workday are you on your feet?

☐ Almost all day ☐ About half ☐ Mostly sitting

5. Age range (optional)

☐ Under 25 ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65+

Section B: Health and activity

No right or wrong answers.

6. In general, would you say your health is…

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

7. On average, how many days per week do you do moderate to strenuous exercise (like a brisk walk)?
Count exercise outside of your regular job duties.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

8. On those days, how many minutes do you usually exercise at this level?

☐ 0 min ☐ 10 min ☐ 20 min ☐ 30 min ☐ 40 min ☐ 50 min ☐ 60 min ☐ 90 min
☐ 120 min ☐ 150+ min

9. What activities do you do now?

Select all that apply.

☐ Walking ☐ Running ☐ Biking ☐ Gym / weights ☐ Sports ☐ Fishing / hunting / hiking
☐ Gardening ☐ Dancing ☐ Yoga / stretching ☐ None right now
☐ Other

10. How often do you stretch or move around during your shift?

☐ Several times a shift ☐ Once a shift ☐ Rarely ☐ Never

11. Do you feel stiff, sore or tired from your work tasks?

☐ Never ☐ Sometimes ☐ Often ☐ Almost every day

12. If yes, where?

Select all that apply.

☐ Neck / shoulders ☐ Back ☐ Hands / wrists ☐ Legs / knees ☐ Feet ☐ Eyes ☐ Headaches
☐ Other

Section C: Your wellbeing

How you have been feeling lately. Used for your personal snapshot at the end.

13. Over the last two weeks, how often has each of these been true for you?

Pick the answer closest to how you have been feeling.

	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
I have felt cheerful and in good spirits	☐	☐	☐	☐	☐	☐
I have felt calm and relaxed	☐	☐	☐	☐	☐	☐
I have felt active and vigorous	☐	☐	☐	☐	☐	☐
I woke up feeling fresh and rested	☐	☐	☐	☐	☐	☐
My daily life has been filled with things that interest me	☐	☐	☐	☐	☐	☐

14. In general, how satisfied are you with your life?

☐ Very satisfied ☐ Somewhat satisfied ☐ Not too satisfied ☐ Not at all satisfied

15. How often do you feel stressed because of your work?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

16. Using your own definition of "burnout," which statement fits you best?

☐ I enjoy my work. I have no symptoms of burnout.
☐ I am under stress and don't always have as much energy as I did, but I don't feel burned out.
☐ I am definitely burning out and have one or more symptoms, like physical and emotional exhaustion.
☐ The symptoms of burnout won't go away. I think about frustrations at work a lot.
☐ I feel completely burned out. I am at the point where I may need to seek help.

17. What helps you relax or recharge?

Select all that apply.

☐ Time with family ☐ Time with friends ☐ Exercise ☐ Music ☐ Faith / prayer ☐ Time outdoors
☐ Hobbies ☐ Cooking ☐ Rest / naps ☐ Other _____

Section D: Healthy habits

Sleep, food, water and daily balance.

18. Over the past month, how would you rate each of these?

Rate each one from 1 (Poor) to 5 (Great).

	1 Poor	2 Fair	3 OK	4 Good	5 Great
Sleep quality	☐	☐	☐	☐	☐
Handling stress	☐	☐	☐	☐	☐
Eating habits	☐	☐	☐	☐	☐
Drinking enough water	☐	☐	☐	☐	☐
Work-life balance	☐	☐	☐	☐	☐
Feeling supported at work	☐	☐	☐	☐	☐

19. On average, how many hours of sleep do you get in a 24-hour period?

Include naps. Think about the time you actually sleep.

☐ 5 or fewer ☐ 6 ☐ 7 ☐ 8 ☐ 9 or more

20. How much water do you drink during a workday?

☐ Very little ☐ 1–3 cups ☐ 4–6 cups ☐ 7+ cups

21. How many servings of fruits or vegetables do you eat on a typical day?

☐ 0 ☐ 1–2 ☐ 3–4 ☐ 5 or more

22. Do you currently smoke, vape or use other tobacco or nicotine products?

Optional. This helps ORC decide whether to offer quit-smoking support.

☐ Every day ☐ Some days ☐ Not at all ☐ Prefer not to say

Section E: Support at work

How ORC supports your health and safety.

23. How much do you agree with each statement?

Pick one answer per row.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
ORC is committed to employee health and well-being.	☐	☐	☐	☐
ORC encourages me and gives me chances to be active, eat healthy and manage stress.	☐	☐	☐	☐
I can count on my supervisor for support when I need it.	☐	☐	☐	☐

24. Overall, how safe do you think your workplace is?

☐ Very safe ☐ Somewhat safe ☐ Somewhat unsafe ☐ Very unsafe

Section F: Wellness programs you'd use

Tell us which programs sound good to you.

25. How interested are you in each if ORC offered it?

Pick one answer per row.

	Very interested	Somewhat	Not interested
Stretch breaks during shift (5–10 min)	☐	☐	☐
Walking group or step challenge with prizes	☐	☐	☐
Beginner fitness or chair yoga class	☐	☐	☐
Company sports team or league	☐	☐	☐
Gym membership discount	☐	☐	☐
Healthy eating tips or cooking demos	☐	☐	☐
Healthy snacks and water stations	☐	☐	☐
Better sleep workshop	☐	☐	☐
Stress management or mindfulness session	☐	☐	☐
Confidential counseling / mental health resources	☐	☐	☐
On-site health screenings (blood pressure, etc.)	☐	☐	☐
Heart health and diabetes prevention education	☐	☐	☐
On-site flu shots	☐	☐	☐
Help quitting smoking or vaping	☐	☐	☐
Financial wellness (budgeting, saving)	☐	☐	☐
Ergonomics check of my workstation	☐	☐	☐

26. How would you prefer to join?

☐ In person, with coworkers ☐ On my own, at my own pace ☐ Either is fine

27. What language would you prefer for program materials?

☐ English ☐ Hmong ☐ Spanish ☐ Other _____

Section G: Barriers and timing

Help us fit wellness into real schedules.

28. What makes it hard for you to stay healthy?

Select all that apply.

☐ Not enough time ☐ Too tired after work ☐ Family or childcare duties ☐ Cost ☐ No place nearby
☐ Transportation ☐ Weather ☐ Health or injury ☐ Not sure how to start
☐ Healthy food is hard to find ☐ Not interested ☐ Nothing, I'm doing well
☐ Other _____

29. When would you be most likely to take part?

Select all that apply.

☐ Before my shift ☐ During breaks ☐ During lunch ☐ Right after my shift ☐ Weekends

☐ Would not take part

30. How long would you want an activity to last?

☐ 5–10 minutes ☐ 15–20 minutes ☐ 30 minutes ☐ 45–60 minutes

Section H: Motivation and ideas

Almost done!

31. What would motivate you most to join?

Pick up to 2.

☐ Prizes or gift cards ☐ Paid time to participate ☐ Doing it with coworkers ☐ Feeling better at work

☐ Health benefits ☐ Team competition between sites ☐ Other

32. Would you join a wellness committee to help plan activities?

☐ Yes ☐ Maybe ☐ No

33. Any ideas, suggestions or concerns about wellness at ORC?

Returning your survey

Paper: drop it in the survey box at your site or hand it to HR. Or photograph each page and upload it.

PDF: save this file after you fill it in, then upload it.

Upload: go to wellness.orcind.com and choose "Upload a completed copy". Files go straight to HR.

Thank you for helping make ORC a healthier place to work!

Includes questions from the WHO-5 Well-Being Index (World Health Organization), the NIOSH Worker Well-Being Questionnaire, the CDC Behavioral Risk Factor Surveillance System, the Kaiser Permanente Exercise Vital Sign and the Mini-Z single-item burnout measure (Hennepin Healthcare).