



Scheduled Recess

Making time throughout the day for a “scheduled recess” or “adult recess” can be a beneficial way to connect with coworkers and refresh, but at the same time encourage them to get up and move around. This event can be scheduled as many times throughout the week as deemed necessary. “Recess” can occur inside or outside in reserved or public locations. Snacks can be provided or employees can be encouraged to bring a healthy snack to share with others. The budget for the intervention is dependent on what resources are wanted, i.e. if a public location or private room is used or if snacks are provided.

How to Implement

- Poll employees on which days throughout the week work best for a scheduled recess
- Poll employees on what type of recess they would enjoy best, i.e. outside vs. inside, provided snacks vs. bring your own
- Find a location based off of how the employees responded in the poll to host recess
- Send out an invite to all employees encouraging them to attend via email or informational flyer

Evaluation

To assess the impact of the intervention:

- Record attendance at each event
- Survey attendees after each event on what they liked/didn't like and what they would like to see next time
- Ask if employees felt more refreshed returning to work after recess

To encourage employees to attend classes, you may try:

- Advertising the availability of free goodies at recess, i.e. puppies, coupons, trinkets, healthy snack, etc.
- Provide raffle tickets for monthly gift card drawing each time employees participate.



Example pre/post questions:

- Anonymously rate your energy level on a scale from 0-10. **(Ask pre/post each session.)**
- Anonymously rate your mental alertness on a scale from 0-10. **(Ask pre/post each session.)**
- Do you regularly take breaks during the day? (Examples: meal break, coffee break, walking break, etc.)
 - Yes
 - No
- What is the main reason you do not take breaks while at work or school? (Check all that apply.)
 - Lack of staff coverage
 - Pressure to get work done
 - Lack of managerial support
 - I eat at my desk
 - I don't have a need or reason to take a break.
- Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- During the past 30 days, for about how many days have you felt worried, tense, or anxious?
- Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
- How often do you find your work or school load stressful?
 - Always
 - Often
 - Sometimes
 - Hardly ever
 - Never
- How often do you have physical symptoms that are likely stress related? (e.g., teeth grinding, headaches, palpitations, stomach aches, back aches)?
 - Never
 - Once a month
 - A few times per month
 - Once a week
 - Multiple times per week
 - Daily
 - N/A or I'd prefer to not answer



- How satisfied are you with current wellness programs?
 - Very satisfied
 - Satisfied
 - Neutral
 - Dissatisfied
 - Very dissatisfied

- All in all, how satisfied would you say you are with your job?
 - Very satisfied
 - Somewhat satisfied
 - Not too satisfied
 - Not at all satisfied

- Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
 - Yes
 - No

- During the past month, other than your regular job or school load, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
 - Yes
 - No

- How many times per month did you take part in this activity during the past month?

- And when you took part in this activity, for how many minutes did you usually keep at it?

- Would you say that in general your health is:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Don't know

- What is your biggest barrier to being physically active or exercising? (Check all that apply.)
 - Affordability of gym membership
 - Lack of time
 - Lack of knowledge about how to exercise
 - I don't like exercising
 - Lack of fun programs- intramural sports, etc.
 - Other (Please specify.)



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- What is your biggest barrier to positive mental health? (Check all that apply.)
 - Work stress
 - Micromanagement
 - Home stress
 - Busy schedule
 - Coworkers
 - Relationships outside of work
 - Other: _____

- Are you aware of any wellness programs on your campus?
 - Yes
 - No

- What current wellness offerings are offered, to your knowledge? (If your department is doing more around employee wellness, please select "other" and then specify. We are looking to collect an inventory and help promote current programs!)
 - Free yoga class
 - Free EAP counseling
 - Well-Being Week
 - Mindfulness-Based Stress Reduction
 - University Fitness Center
 - Weight Watchers
 - Tobacco cessation plans
 - Global Fit gym membership discounts
 - Other

- How satisfied are you with current wellness programs?
 - Very satisfied
 - Satisfied
 - Neutral
 - Dissatisfied
 - Very dissatisfied



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In consideration of my use of the exercise equipment and facilities provided by the company, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that the company and its insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the company.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold the company harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest.

I agree to be solely responsible for safety and well-being of my guest and myself. I understand that the company does not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by the company regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises. I understand and agree that my use of the facilities and equipment is only to be undertaken on my own personal time, and that my use of the facilities and equipment is not within the course or scope of my employment.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Print Name: _____ Date: _____

Signature: _____