

Employee Wellness Survey

The Wellness Committee would like to provide a variety of activities and programs, which are both educational and fun! Please take a few moments and give us your answers to the questions on this survey. All responses are confidential. Your name is not required.

Please answer the following question:

Which time period would you prefer to attend a health education class?

- Morning
- Lunch time
- After work hours



Please list your hobbies:

Which programs would you like to see offered ? Please check off the appropriate box (es).

<u>Well-being Category</u>	<u>Nutritional Programs</u>	<u>Misc. Category</u>
<p>Could include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yoga <input type="checkbox"/> Massage <input type="checkbox"/> Tai Chi <input type="checkbox"/> Self Defense <input type="checkbox"/> Stress Management (Work, Home & Family) <input type="checkbox"/> Depression <input type="checkbox"/> Other _____ <p style="text-align: center;"><u>Health Screenings</u></p> <p>Could Include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal Wellness Profile <input type="checkbox"/> Blood Pressure/Cholesterol Check <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Other _____ <p style="text-align: center;"><u>Gender Health Issues</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Menopause <input type="checkbox"/> PMS <input type="checkbox"/> Breast Health <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Men's Health <input type="checkbox"/> Cancer Screenings <input type="checkbox"/> Other _____ 	<p>Could include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nutrition Education Classes <input type="checkbox"/> Healthy Cooking Classes <input type="checkbox"/> Weight Management Program <input type="checkbox"/> Nutrition Learn by Mail <input type="checkbox"/> Other _____ <p style="text-align: center;"><u>Physical Fitness</u></p> <p>Could include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walking Program <input type="checkbox"/> Weight Training <input type="checkbox"/> Aerobics Classes <input type="checkbox"/> Worksite Fitness Program <p style="text-align: center;"><u>Physical Activities</u></p> <p>Could include group activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hiking <input type="checkbox"/> Bicycling <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> Softball <input type="checkbox"/> Bowling <input type="checkbox"/> Volleyball <input type="checkbox"/> Swimming <input type="checkbox"/> Line Dancing <input type="checkbox"/> Other _____ 	<p>Could include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Financial Management <input type="checkbox"/> Retirement Planning/Investing <input type="checkbox"/> Teambuilding <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Volunteering/Community Involvement <p style="text-align: center;"><u>General Health Issues</u></p> <p>Could include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CPR/First Aid Certification <input type="checkbox"/> Back Care <input type="checkbox"/> Family Medical Self Care (how to treat minor illnesses at home) <input type="checkbox"/> Heart Health (Stroke & Heart Attack Prevention) <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Other _____ <p style="text-align: center;">Comments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Name (optional) _____ Dept. _____ Date _____