Needs & Interest Survey

Please indicate how likely you would be to participate in each of the following programs if they were offered at work during the next year.	Extremely	Likely	Somewhat	Unlikely
1. Body Fat Testing	1	2	3	4
2. Educational Programs:				
a) Back Safety	1	2	3	4
b) Cancer Prevention	1	2	3	4
c) Heart Disease Prevention	1	2	3	4
d) Stroke Prevention Programs	1	2	3	4
e) Cholesterol Reduction	1	2	3	4
f) Home Safety	1	2	3	4
g) Substance Abuse	1	2	3	4
h) Headache Prevention & Treatment	1	2	3	4
i) Cold / Flu Prevention & Treatment	1	2	3	4
3. Employee Assistance Programs:				
a) Depression Treatment	1	2	3	4
b) Financial Management	1	2	3	4
c) Job Stress Management	1	2	3	4
d) Accepting Change	1	2	3	4
e) Parenting Difficulties	1	2	3	4
f) Managing Chronic Health Conditions (diabetes, hypertension, ...)	1	2	3	4
g) Managing Chronic Pain (neck & shoulder injuries, back injuries, …)	1	2	3	4
h) Controlling Anger / Emotions	1	2	3	4
4. Fitness Programs:				
a) Corporate Fitness Membership Rates	1	2	3	4
b) Exercise Tolerance (STRESS) Testing	1	2	3	4
c) On-Site, Low-impact Exercise Equipment	1	2	3	4
d) Prescribed Exercise Programs	1	2	3	4
e) Stretching Programs	1	2	3	4
f) Walk-Fit Programs	1	2	3	4
5. Immunization Programs:				
a) Flu Shots	1	2	3	4
b) Tetanus Shots	1	2	3	4
c) Lyme Disease Vaccine	1	2	3	4
d) Hepatitis 'B' Vaccine	1	2	3	4

Continued ⇨

Needs & Interest Survey

	Extremely	Likely	Somewhat	Unlikely
6. Nutrition Education Programs:				
a) Healthy Cooking (meals/snacks)	1	2	3	4
b) Healthy Eating (do's & don'ts)	1	2	3	4
c) Weight Management Programs (diet & exercise)	1	2	3	4
d) Onsite Vending Machines with Healthy Choices	1	2	3	4
7. Screening Programs:				
a) Blood Pressure Checks	1	2	3	4
b) Blood Sugar (diabetes)	1	2	3	4
c) Cholesterol Levels	1	2	3	4
d) Multiphasic Blood Screenings	1	2	3	4
e) Cardiovascular (EKG's)	1	2	3	4
f) Colon / Rectal (cancer)	1	2	3	4
g) Prostate Checks (PSA)	1	2	3	4
h) Stool Checks (bowels)	1	2	3	4
i) Mammograms	1	2	3	4
j) Vision	1	2	3	4
k) Other…Specify_____	1	2	3	4
8. Smoking Cessation Programs	1	2	3	4
9. Stress Reduction Programs	1	2	3	4
10. Time Management Programs	1	2	3	4
11. Visiting On-site Healthcare Nurse	1	2	3	4
12. Self-Help / Self-Care	1	2	3	4

Please indicate how likely you would be to participate in health promotion programs during the following times:

13. Health Promotion Programs				
a) Before Work	1	2	3	4
b) During Lunch at Work	1	2	3	4
c) After Work	1	2	3	4

ANY OTHER INTEREST OR SUGGESTIONS (PLEASE SPECIFY) Please list any positive (or negative) comments regarding the impact of the current Wellness Program. Include how this program may have affected you personally. List any suggestions on how we can improve the current program or things you would like to see implemented. Your input is an IMPORTANT element to the success of our program.

