

Employee Wellness Interest Survey

Please indicate your current level of interest

| Activity | Would attend | Might attend | No interest |
|---|--------------|--------------|-------------|
| Back care | | | |
| Cancer Prevention | | | |
| Balancing work and family | | | |
| Financial management | | | |
| Fitness testing | | | |
| Developing a personal fitness plan | | | |
| Aerobics | | | |
| Blood pressure management | | | |
| Improving balance, flexibility, muscle endurance | | | |
| Walking | | | |
| Heart disease and stroke prevention | | | |
| Mental health (depression, dealing with grief and loss) | | | |
| Cooking class and meal planning | | | |
| Strength training | | | |
| Stress management | | | |
| Supporting aging family members | | | |
| Tobacco/smoking cessation | | | |
| Using the health care system wisely/self-care | | | |
| Weight control | | | |
| Women's health issues | | | |
| Tai chi | | | |
| Yoga | | | |
| Other (please describe) message | | | |

Questions or comments:

Name (optional) _____

- If you would like to assist with organizing or offering health promotion activities, please check here.