

## EMPLOYEE INTEREST SURVEY

The purpose of this survey is to learn about your interests in future health and wellness programs for staff. Your answers to this survey are confidential; your name is not required.

Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_

**Please indicate your current level of interest in the following health and wellness topics:**

	High	Medium	Low
Alcohol/drug abuse education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid/CPR instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness/Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease and stroke prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization and infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health/disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational safety and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco/Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the health care system wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>