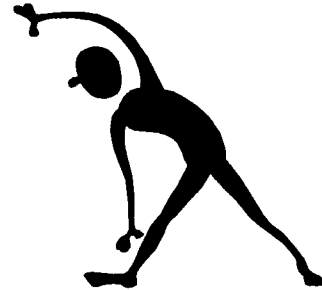


In an effort to continue the development of our employee wellness programs, we would like to learn more about you. Your interests in wellness and health-related activities are important to us! Your responses will be used in planning future programs and deciding what types of activities will be included. Please take a few minutes to complete this survey. In an effort to keep individual survey information confidential, please do not put your name on the form below.

Do you have any special talents to share with your coworkers? If so, please check those that apply. If so, as this is an anonymous survey, please contact Michelle Burke, mburke@hfcfsd.org.

- Kickboxing
- Karate
- Dancing (swing, step, country, etc.)
- Aerobics
- Swimming aerobics
- Other

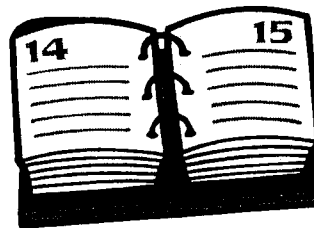


Are you willing to participate in Employee Wellness Programs? If so, please list the top 3 that interest you the most.

- | | |
|---|---|
| <input type="checkbox"/> Coping with stress | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Aerobic exercise | <input type="checkbox"/> Walking program |
| <input type="checkbox"/> Weight management | <input type="checkbox"/> Health fair |
| <input type="checkbox"/> Confidential health screening | <input type="checkbox"/> Blood test for cholesterol |
| <input type="checkbox"/> Alcohol / drug abuse education | <input type="checkbox"/> Cancer screening |
| <input type="checkbox"/> Safety / accident prevention | <input type="checkbox"/> CPR training |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Medical self - care |

Please indicate a day of the week that would be most convenient for you from the list below. Please indicate your top 2 choices.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday



Please indicate a time of day that would be most convenient for you from the list below. Please indicate your top 2 choices.

- | | | | |
|--------------------------|------------------|--------------------------|----------------------|
| <input type="checkbox"/> | 6:00 a.m. | <input type="checkbox"/> | 4:45 – 5:45 p.m. |
| <input type="checkbox"/> | 2:45 – 3:45 p.m. | <input type="checkbox"/> | 6:00 – 7:00 p.m. |
| <input type="checkbox"/> | 3:15 – 4:15 p.m. | <input type="checkbox"/> | Later than 7:00 p.m. |
| <input type="checkbox"/> | 3:45 – 4:45 p.m. | <input type="checkbox"/> | Other - |

As it is difficult to walk outdoors in the winter months, would you participate in an indoor walking program?

- Yes No

In your opinion, is it important to continue health programs for our staff?

- Yes No

Have you participated in any of the school health programs that have been offered? If so, please indicate _____.

If not, why?

- I feel too advanced for the programs offered.
 The times were inconvenient.
 I did not feel capable enough.
 I participate in similar activities outside of school.
 Other -

If so, please indicate those in which you have participated.

- Fitness training
 Stress management
 Kickboxing
 Aerobics
 Healthy cooking
 Sneaker challenge
 Move for life
 Flu shot clinic
 Freihofer's walk for women
 Increased fitness center hours
 Mini health fair
 Smoking cessation



Have visited the Employee Wellness web site?

Yes No

If not, this is a very informative site that can be accessed via the Coordinated School Health Program link on our Home Page.

Are you willing and interested in involving yourself with the committee? If so, please contact Michelle Burke at mburke@hfcasd.org.

Yes No

As part of the Coordinated School Health initiative, we are focusing on nutrition. Are you satisfied with the choices available in our vending machines?

Yes No

If not, please indicate below 3 things that you would like:

1. _____ 2. _____ 3. _____

Are you pleased with the selections in the cafeteria?

Yes No

If not, please indicate below 3 things that you would like:

1. _____ 2. _____ 3. _____

Hudson Falls Central School Employee Health and Wellness Team Members:

Mark Doody – Superintendent

Michelle Burke – Coordinator of School Health Programs

High School: Patty George, Marydale Sclafani, Marie Howarth, Melissa Korot

Middle School: Jean Aurilio, Beth Clark

Intermediate Building: Claire Bromley

Primary Building: Heidi Brownell

Kindergarten Center: Susan Saunders

District Office: Joyce Conley

Transportation: Carol Rehm

Building and Grounds: Diane Smythe