

WENATCHEE SCHOOL DISTRICT
EMPLOYEE WELLNESS INTEREST SURVEY

Which of the following best describes your interest in health-promotion activities? Please check only one:

- I do not feel the need for help with my lifestyle or health.
- I have been thinking about changing some of my health behaviors.
- I am planning on making a behavior change in the next 30 days.
- I have made some behavior changes but I still have trouble following through.
- I have had a healthy lifestyle for years.

Age _____ Gender _____ Building _____

Please complete the survey below to help us plan health and wellness activities for you. You don't have to put your name on the form unless you would like us to contact you. If you have any questions, please contact Joanne Johanson at the district office 663-8161 ext. 249. **Please complete the survey by Friday, May 22, 2009.** Thank you for your assistance.

Your school employee wellness team

Please indicate your current level of interest for ALL activities:

Possible Health and Wellness Activities	Would attend	Might attend	No Interest
Aerobics			
Arthritis – Living with arthritis			
Asthma – Managing asthma			
Back care			
Bicycling – Mountain or road			
Blood pressure – Managing blood pressure			
Cancer – Living with cancer			
Cancer prevention			
Cooking class and meal planning			
Dancing – Line dancing, Zumba, etc.			
Diabetes – Managing diabetes			
Drug/alcohol dependence or abuse			
Family and work – Balancing family and work			
Financial management			
First aid/CPR			
Fitness Plan – Developing a personal fitness plan			
Fitness testing			
Gardening – Growing fruits and vegetables			
Health care system/self care – using it wisely			
Healthy foods - Field trips to markets to explore healthy foods, etc.			
Heart disease and stroke prevention			
Hiking – Short, local hikes			
Immunization and infectious diseases			

Possible Health and Wellness Activities	Would attend	Might attend	No interest
Improving balance, flexibility, muscle endurance			
Men's health issues			
Mental health – depression, dealing with grief and loss			
Occupational health and safety			
Prenatal care			
Retirement planning			
Strength training			
Stress – Managing stress			
Supporting aging family members			
Tai chi			
Team sports:			
Baseball			
Basketball			
Golf			
Soccer			
Softball			
Tennis			
Ultimate Frisbee			
Volleyball			
Tobacco/smoking cessation			
Violence prevention in the workplace			
Walking			
Weight control			
Women's health issues			
Yoga			
Other (describe)			
Other (describe)			

Some classes may involve a small fee, if so, would you still attend? Yes No

Questions or comments:

Name (optional) _____

If you would like to assist with organizing or offering health promotion activities, please provide contact information.

E-mail: _____ Phone: _____