EMPLOYEE SATISFACTION WITH WORKSITE WELLNESS PROGRAM

Name of Worksite: _____________________________________________ Date: __________________

1. Are you aware of the Worksite Wellness Program that has been established at your worksite?  
   Yes  No

2. Are you interested in receiving additional information concerning the Worksite Wellness Program?  
   Yes  No

3. Have you participated in any wellness activity(ies) conducted at your worksite?  
   Yes  No

4a. Have you made healthier lifestyle choices since the Worksite Wellness Program was established at your worksite?  
   Yes  No

4b. If Yes, check areas where you have made healthier lifestyle choices (check all that apply).
   □ Eating healthier  □ Quit tobacco use
   □ Increased physical activity  □ Reduced stress level

5. Would you like to participate in future wellness activities at your worksite?  
   Yes  No

6. What improvements to the Worksite Wellness Program would you like to see?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Your input helps us make improvements to your Worksite Wellness Program. By completing this survey, you help us to provide the best wellness programming and activities at our worksite. Thank you!

Please return to (contact person for Worksite Wellness Program):

__________________________________________________________________________________
__________________________________________________________________________________

Return by (date): _______________________________

If you would like information from the Wellness Committee at your worksite, either contact the person named above, or enter your name and contact information below.

__________________________________________________________________________________
__________________________________________________________________________________