

WELLNESS ACTIVITY SURVEY

Please complete this survey and return it to Working for a Healthier TN at wfht.tn@tn.gov in order to help your department's Wellness Council create the best possible wellness programs/activities at your worksite. Thank you!

Department Name: _____ Date: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Wellness Activity: _____					
Participation in this activity provided me with new knowledge about healthy lifestyle behaviors.					
This activity has influenced me to make healthier lifestyle choices.					
I plan to continue making healthier choices.					
I would recommend this activity to my co-workers.					
The best/most helpful part of this activity was :					
This activity could be improved by:					
Future Wellness Activities					
I would like to participate in similar activities in the future.					
I would use resources (handouts, videos, recipes) for overall well-being, healthy eating, physical activity and/or tobacco cessation if they were available.					
Additional Comments:					
<p>If you are interested in sharing your success story, please fill out the appropriate success story submission form near the top of this page and submit to wfht.tn@tn.gov.</p>					