

# WELLNESS ACTIVITY SURVEY

Please complete this survey and return it to [Employee Name] by [click to select date] in order to help the Wellness Council create the best possible wellness programs/activities at your worksite. Thank you!

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Wellness Activity</b>					
Participation in this activity provided me with new knowledge about healthy lifestyle behaviors.					
This activity has influenced me to make healthier lifestyle choices.					
Since the challenge, I am more physically active.					
Since the challenge, I am making healthier food 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:					
<b>Future Wellness Activities</b>					
I would like to participate in similar activities in the future.					
I would eat healthy foods if available at staff meetings or luncheons.					
I would use resources (handouts, videos, recipes) for healthy eating or physical activity if they were available.					
Additional Comments:					