

WELLNESS ACTIVITY SURVEY

Please complete this survey and return it to 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.					
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:					
Overall satisfaction with the activity:					
Future Wellness Activities					
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:					
<p>If you are interested in sharing your success story, please fill out the appropriate submission form near the top of the Success Stories webpage at https://www.tn.gov/wfhtn/success-stories.html</p>					