

## Wellness Program Interest Survey

The purpose of this Survey is to obtain everyone's input for our new health promotion program. The Survey includes questions on your needs, interests, and other pertinent information to be used in deciding what programs to offer and when to offer them.

- There is neither a right or wrong answer on this Survey.
- Feel free to skip any sections in which you feel uncomfortable supplying answers.
- Your completion of this Survey is completely voluntary and anonymous.

Thank you for your participation and support.

### A) Demographic Information

- What is your age? \_\_\_\_\_
- What is your gender? Male Female
- Are you Married? Yes No
- Do you have children living at home? Yes No
- Are you a caregiver to a family member with special needs? Yes No

### B) Please indicate when you would most likely participate in a wellness program

- Before Work
- During Work
- After Work
- Weekends
- Other \_\_\_\_\_

### C) What method of communication do you prefer? (Select all that apply)

- CSD email
- Personal email
- Posters in the break room
- Home Mailing
- Messages from the superintendent
- Robo-calls
- Peers (Wellness Champions)
- Other \_\_\_\_\_

### D) Program Interests Please indicate if you would be extremely or somewhat likely to participate in each of the following programs if they were offered during the next two years. (Select all that apply)

- Onsite Screenings
  - Cholesterol (Total, HDL, LDL)
  - Blood Pressure
  - Glucose (blood sugar)
  - waist circumference
  - Height
  - Weight
  - Triglycerides
  - Cardiovascular (EKG's)
  - Vision
  - Monthly Blood Pressure
  - Quarterly Body Fat Testing
  - Flu Vaccine
  - Pneumonia Vaccine
  - Tetanus Vaccine
  - Mammograms
  - Other (Please any other screening options you would participate in)

- b. Seminars (30-60 minute presentation conducted by healthcare professionals)
  - i. Back Care (Stretches and Exercises that will help improve and/or prevent back pain)
  - ii. Ergonomics in the workplace
  - iii. Ergonomics at home
  - iv. Cancer Prevention (General)
  - v. Women's Cancer Prevention
  - vi. Men's Cancer Prevention
  - vii. Heart Disease
  - viii. Stroke
  - ix. Cholesterol
  - x. Pre-Diabetes
  - xi. Diabetes
  - xii. Home Safety
  - xiii. Substance Abuse
  - xiv. Cold/Flu Prevention and Treatment
  - xv. Headache Prevention and Treatment
  - xvi. Depression
  - xvii. Financial Management
  - xviii. Understanding Cigna Insurance
  - xix. Job Stress
  - xx. Work Life Balance
  - xxi. Accepting Change
  - xxii. Setting Goals
  - xxiii. Self Help/Self Care
  - xxiv. Other \_\_\_\_\_
  
- c. Health Awareness Campaigns (Posters, articles, flyers, etc.)
  - i. Back Care (Stretches and Exercises that will help improve and/or prevent back pain)
  - ii. Ergonomics in the workplace
  - iii. Ergonomics at home
  - iv. Cancer Prevention (General)
  - v. Women's Cancer Prevention
  - vi. Men's Cancer Prevention
  - vii. Heart Disease
  - viii. Stroke
  - ix. Cholesterol
  - x. Pre-Diabetes
  - xi. Diabetes
  - xii. Home Safety
  - xiii. Substance Abuse
  - xiv. Cold/Flu Prevention and Treatment
  - xv. Headache Prevention and Treatment
  - xvi. Depression
  - xvii. Financial Management
  - xviii. Understanding Cigna Insurance
  - xix. Job Stress
  - xx. Work Life Balance
  - xxi. Accepting Change
  - xxii. Setting Goals
  - xxiii. Self Help/Self Care
  - xxiv. Other \_\_\_\_\_
  
- d. Fitness Programs (classes, challenges and groups)
  - i. Onsite Yoga/Stretching Class
  - ii. Onsite Boot Camp

- iii. Onsite low-medium level Fitness Class
- iv. Walking Group
- v. Running/Jogging Group
- vi. Cycling Group
- vii. Meditation/Relaxation Sessions
- viii. Onsite Pilates Class
- ix. Walking Challenge
- x. Fitness Challenge
- xi. Other \_\_\_\_\_

e. Nutrition Education Programs (classes, challenges, and groups)

- i. Diabetes class
- ii. Diabetes Support Group
- iii. Weight Loss
- iv. Weight Watchers
- v. Metabolic Syndrome
- vi. General Healthy Eating
- vii. Onsite Cooking Classes
- viii. Portion Control
- ix. Mood and Food
- x. Hydration
- xi. Reading a Food Label
- xii. Grocery Shopping
- xiii. Other \_\_\_\_\_

f. Other General Wellness Campaigns

- i. Skin Cancer
- ii. Lung Cancer
- iii. Other Cancer
- iv. Guided Book Study (pick a book like, *Omnivores Dilemma*, and read as a group)
- v. Complimentary Medicine (acupuncture, massage, etc.)
- vi. Onsite Massage Therapy (\$10 per 10 minutes)
- vii. Health Fair with local Kansas City Vendors
- viii. Family Wellness
- ix. Healthcare Consumerism (how to shop for and choose the highest quality and most cost effective healthcare services)
- x. Self-Care (being proactive about preventing disease)
- xi. Other \_\_\_\_\_

E) Would you be interested in being a wellness champion and/or serve on the wellness committee for 2012-2015 school years? If you are interested please provide your contact information:

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F) Please use this section to provide feedback regarding any program we have offered in the past or that you would like to see offered in the future. This information is vital in our ability to provide resources that improve the health and well-being of our population.