

**AAHPERD Convention: Simplifying Employee Health Promotion**  
**March 20, 2010**  
**Handout**

**2009 Wellness Survey**

**1. Age (optional):**

**2. Gender:**

Male Female

**3. New to CU this year?**

Yes No

**4. In general, how much support do you feel you have from family, friends, and co-workers for making and maintaining a healthy lifestyle?**

High Medium Low

**Family**

**Friends**

**Co-workers**

**Managers/Supervisors**

**5. In which services and programs are you interested? (check all that apply)**

**Health Screenings and Services**

Blood Pressure

Cholesterol

Glucose

Consultation with a registered dietician

Consultation with a personal trainer

Immunizations for myself or my family

Treatment of minor illnesses

Lab tests

**Programs**

Organized fitness classes

Annual FIT Challenge: 12 Week

Annual FIT Challenge: Year-round

Weight Watchers

**Other Services or Programs (please specify):**

**6. In which topics are you interested?**

**Healthy Living**

Eating healthy/weight management

Exercising

Managing stress

**Healthcare/Self-care**

Caring for parents

Dietary supplements (vitamins, herbs)

**Chronic health conditions (please specify)**

**Other topic (please specify)**

**7. When you need health information, do you prefer to (check all that apply):**

- talk to someone (individually or in a seminar)
- visit the CU Wellness Center Website or other internet sites
- read printed materials

**8. I would like to be a Wellness Program advisor: (must provide name below)**

Yes    No

**9. If you are interested in scheduling a seminar or health screening specifically for your department, please provide your topic here (must provide name below):**

**10. What comments and/or suggestions do you have related to past Wellness Program activities? Future activities? Speakers?**

**11. What else can the Wellness Program or the University do to help you?**

**Name (optional):**

**Department (optional):**