Employee Health Interest Survey

Please help us learn more about your health interests by taking a few minutes to fill out this survey. Your responses are very important and will be kept confidential. The information will be compiled to help us plan for future wellness activities. We appreciate your input and look forward to a successful wellness program! Please return completed surveys to ___________________________________________.

What is the best way for you to hear about various wellness activities?

- Flyers/posters
- Company intranet
- Bulletin board
- Paycheck attachment
- Company newsletter
- Email

When is the best time for you to participate in wellness activities?

- Before work
- After work
- Lunch hour
- Would not participate (if checked please indicate why?)
  - Lack of time
  - Lack of motivation
  - Lack of interest

Would you be interested in serving on a wellness committee?

- Yes
- No

Would you be interested in volunteering for a wellness program, health fair?

- Yes
- No

Name: _________________________________________

Phone Number: ___________________________________

Email: _____________________________________________

Which of the following topics would you be interested in learning more about (check all that apply):

- Nutrition information/nutrition counseling
- Weight Watchers at Work program
- Smoking cessation
- Gym discounts/memberships
- Cancer prevention
- Stress management
- Ergonomics
- Heart health
- Asthma & allergy awareness
- Diabetes awareness
- First aid
- Better sleep
- Brain health
- Fitness/exercise
- Walking program
- Healthcare consumerism
- Corporate sports teams. Please check sports of interest:
  - Baseball
  - Basketball
  - Softball
  - Volleyball
  - Other ________________________
- Screenings. Please check those of interest:
  - Blood pressure
  - Body composition analysis
  - Cholesterol
  - DermaScan
  - Bone density
  - Other ________________________
- Employee Assistance Program (EAP)
- Other ______________________________________

Name Our Wellness Program

Here is a chance to use your creativity and brand our wellness program. If we pick your entry you could win ________________

Complete and return this survey by ______________________
We will enter your name into a drawing for a ________________.

Your Suggestion:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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