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1. Would you personally take part in a wellness program if we offered one?

- Yes
- No
- Don't know/Not sure

2. Would you participate in the wellness program on your own personal time? (e.g., before work, after work, or during lunch)

- Yes
- No
- Don't know/Not sure

3. If you answered yes to the previous question, when would be the best time for you to be involved in a wellness activity?

- Before Work
- During Lunch
- After Work

4. What is the biggest barrier that would keep you from participating in a worksite wellness program?

- Time
- Location
- Schedule
- Other (please specify)
- Motivation
- Privacy

5. Which, if any, of the following programs/seminars would you take part in, if offered? Select all that apply.

- Exercise/Physical Fitness Program
- Stress Management
- Stop Smoking Program
- Other (please specify)
- Nutrition
- Weight Management
- None of the Above

6. Which, if any, of the following screenings/clinics would you take part in, if offered? Select all that apply.

- Blood Pressure
- Flu shots
- Diabetes
- Nutrition Counseling
- Cholesterol
- Body Fat Analysis
- None of the Above

7. Which of the following physical activities would you take part in, if offered? Select all that apply.

- Yoga
- Running Clubs
- Tai Chi
- Biking Clubs
- Other (please specify)
- Fitness Classes
- Meditation
- Walking Clubs
- None of the above

8. What changes, if any, could be made to the work environment to better promote health and wellness? Please be specific.