

**Halifax County  
Working On Wellness "W.O.W." Program  
Survey**

**Thank you in advance for taking the time to complete this brief survey. The results will be used to obtain everyone's input about your wellness program and find out what activities YOU would like to have offered through the W.O.W. Program.**

1. Do you currently participate in our aerobics classes, health fairs or wellness seminars offered during the year?

Aerobic Classes \_\_\_\_\_ yes, \_\_\_\_\_ no, \_\_\_\_\_ sometimes, \_\_\_\_\_ not interested

Health Fairs \_\_\_\_\_ yes, \_\_\_\_\_ no, \_\_\_\_\_ sometimes, \_\_\_\_\_ not interested

Wellness Seminars \_\_\_\_\_ yes, \_\_\_\_\_ no, \_\_\_\_\_ sometimes, \_\_\_\_\_ not interested

2. Have you recently given serious thought to making a personal lifestyle change related to better health? (For example, loose weight, change the kinds of foods you eat, become more physically active, reduce stress, and stop smoking.)

Yes, in the past year

Yes, a year or more ago

No, not in recent memory

If "yes" which one statement best fits for you?

I didn't go any farther than to think about making a lifestyle change

I started to make some changes one or more times, but they didn't last more than a week or so

I made lifestyle changes that stuck for a few months or more, but I'm not following them anymore

I made lifestyle changes that stuck for a few months or more, and I'm still following them

3. What type of class/activity would you participate in with a group?

\_\_\_\_\_ Abs/core training

\_\_\_\_\_ low impact aerobics

\_\_\_\_\_ weight loss challenges

\_\_\_\_\_ medicine ball

\_\_\_\_\_ step aerobics

\_\_\_\_\_ toning

\_\_\_\_\_ walking

\_\_\_\_\_ basketball

\_\_\_\_\_ volleyball

\_\_\_\_\_ zumba

\_\_\_\_\_ baseball

\_\_\_\_\_ yoga

\_\_\_\_\_ weight training

\_\_\_\_\_ not interested

\_\_\_\_\_ other

4. What health topics concern you the most?

\_\_\_\_\_

5. Making important lifestyle changes is rarely easy for anyone. Still, some people have a better chance for success when they work with a buddy or in a group. Others have a better chance for success working by themselves. Which style better fits you?

- I'm more likely to succeed with a buddy or in a group (either family, friends, or coworkers)
- I'm more likely to succeed when I work on my own
- Don't know
- I don't need to make any lifestyle changes

6. Which of the following educational programs would you like to know more about?  
*(Check all that apply.)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Cold/Flu          | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Exercise/Fitness     | <input type="checkbox"/> Nutrition         | <input type="checkbox"/> Heart Disease     |
| <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Menopause         | <input type="checkbox"/> Men's Health      |
| <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Weight Management    | <input type="checkbox"/> Women's Health    | <input type="checkbox"/> Immunization      |
| <input type="checkbox"/> Health Screening     | <input type="checkbox"/> Home Safety       | <input type="checkbox"/> Back Safety       |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Healthy Cooking   | <input type="checkbox"/> other _____       |

7. If the Wellness Committee wanted to get out information about their activities, or news and tips about healthy lifestyle choices, what would be your preferred way to get that information? *(Select one)*

- E-mail
- In a flyer distributed with paychecks
- Keep everything the same
- Newsletter

8. What is your age

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 20 year's | <input type="checkbox"/> 30-39 years | <input type="checkbox"/> 50-59 years |
| <input type="checkbox"/> 20-29 years     | <input type="checkbox"/> 40-49 years | <input type="checkbox"/> 60 and over |

9. What is your gender?

- Male
- Female

10. What time of day would be best for you to participate in a Health and Wellness activity?

Educational Seminar

- Before work
- After work
- Lunch hour

- Mid morning                       Mid afternoon                       Other \_\_\_\_\_  
 Not interested

Physical Activity

- Before work                       After work                       Lunch hour  
 Mid morning                       Mid afternoon                       Other \_\_\_\_\_  
 Not interested

11. Please feel free to offer any suggestions you may have to improve the wellness program.

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**Please return this survey to the Wellness Coordinator @ Halifax County Health Department by Friday, February 17<sup>th</sup>. By completing this survey, you will be entered to win a \$10 Subway Gift Card (optional). If you would like to be in the drawing for a \$10 gift card, please enter your name and a telephone # or e-mail address you can be reached at! This information will not be associated with your responses. If you do not want to participate in the drawing you do not need to leave any identifying information. —Thank you, we appreciate your time and input.**

**Name/Phone# (optional)\_\_\_\_\_**