



## Wellness Programming 2009/2010 Satisfaction Survey

We continually evaluate our program in an effort to provide you with quality service. Please assist us in this effort by completing this survey. Thank you!

Please rate the following questions by placing an **X** in the appropriate column.

	Very Poor	Poor	Fair	Good	Very Good
Quality of information received					
Attitudes of wellness coaches					
Follow-up programming choices					
Hours the wellness center is open					
Value in wellness center staff rounding (for employees)					
Effectiveness of overall program					
Ease of completing program requirements					

	Yes	No	N/A
Do you feel your program follow-up was related to your screening results?			
Did you make any changes to your lifestyle?			
Did your risk factor improve?			

**Comments/Suggestions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Thank you for completing this survey.  
Please return your completed survey to the Wellness Center  
or any Wellness drop box.***

Careplan: Zero Pregnant/Post-partum Bariatric Pre-hypertension Hypertension Cholesterol BMI-nutrition BMI-fitness

BMI-ww RIC 3 RIC 4/5 Tobacco cotinine Glucose 101-109 Glucose >110 Diagnosed diabetic