

- Online employee wellness portal
- Handouts

- Health screenings (BP checks, body fat %, etc.)
- DVD, videos



Sun Health™

Employee Wellness Program Survey *(continued)*

What kind of incentive awards would motivate you to participate in wellness activities and make health behavior changes?

I would participate without an incentive.

I would not participate even with an incentive.

Are there any barriers that might prevent you from participating in wellness activities? (check all that apply)

Inconvenient location

Already have enough health info

Inconvenient time

Not enough promotion of activities

Lack of management support

Lack of time

Just not interested

Other: _____

In the coming year, I would like to participate in exercise classes or group exercise activities at my community.

YES NO

If yes, what kind of exercise classes and/or activities?

What time of day would be best for you to participate in a wellness activity?

Before work

After work

During lunch

Other: _____

In which of the following categories would you place yourself? (check only one)

I have had a healthy lifestyle for 6 months or longer.

I have recently made positive health behavior changes.

I am planning on making health behavior changes within the next 30 days.

I have been thinking about changing some of my health behaviors.

I'm not interested in pursuing a healthy lifestyle.

Please include any other areas of interest or suggestions for the Sun Health Employee Wellness Program:

Please include your name and contact information if you would like to be contacted by the Wellness Team. (Optional)

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY AND THE SUN HEALTH EMPLOYEE WELLNESS PROGRAM!

Name: _____ Phone: _____ Email: _____

You will receive one wellness incentive point for completing the survey!