

Interest Survey II

Please indicate which of the following areas you have a need or interest by placing a check in the appropriate column which indicates the type of program that would best meet your needs or interests. This survey will help us determine the kinds of programs that will be offered.

If a health promotion program were made available to you, which of the following would you be most likely to attend?

PLEASE CHECK ONE

	YES	AT A SMALL COST	NO
1. Cardiovascular fitness/ exercise			
2. Personal stress management			
3. Organizational stress management			
4. Smoking cessation			
5. Weight control & nutrition education			
6. High blood pressure management			
7. Medical self-care approaches			
8. Alcohol/drug use			
9. Mental/emotional problems (depression, nervousness)			
10. Parenting skills			
11. Marital problems			
12. Assertiveness training			
13. Educational/career planning			
14. Spiritual or philosophical values			
15. Interpersonal communication skills			
16. Home budgeting/financial planning			
17. Automobile safety			
18. Time management			

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PLEASE CHECK ONE

	AFTER WORK	LUNCH	EVENINGS
19. When would you most likely attend a class or activity?			
	ONE TIME	6-8 WEEKS	EITHER
20. Would you be most likely to attend:			
	YES		NO
21. Would you be interested in programs that could include family members?			
	YES		NO
22. Could changes be made in your work behaviors? (example: choice of fruit and/or fruit juices as well as soft drinks and coffee) <i>If yes, please describe:</i> _____ _____ _____			
	YES		NO
23. Would you be willing to assist in the planning and delivery of programs? <i>If yes, give topics:</i> _____ _____ _____			
	YES		NO
24. Any suggestions for additional health promotion programs? <i>If yes, suggestions:</i> _____ _____ _____			

Thank you for your interest.

Name _____

Department _____

Telephone _____