

Workshop Options

1. As part of a possible wellness program, we are considering a series of workshops to be held on different health topics. In order to select topics that would be of interest, indicate which of the following topics you would be willing to attend. Please check only those you would personally attend.

Check if you would attend

Possible Sessions

- Why diets don't work: Common sense weight management tips
- Avoiding winter hibernation: exercise options
- The athlete's perspective: what it takes to stay active
- Diagnosing and preventing adult diabetes
- Low salt, low fat, low cholesterol cooking
- Increasing your "good" cholesterol: tips that work
- Your immune system: how it works and how to improve it
- Update on AIDS
- Winter safety tips: staying warm and wary
- The one minute stress break: what works?
- Periodontal disease: who wants false teeth anyway?
- All about varicose veins: easing the pain
- Back pain: who needs it?
- Tips for getting active: turning slugs into swans?
- Reading nutritional labels
- Avoiding those holiday excesses
- Reduce stress through the holidays
- Medical self-care
- Using health practitioners wisely
- Food safety practices
- Communicating with your doctor
- Reducing your risk of major illnesses
- Ten things that don't cause cancer: what you can do
- Eat for a healthy heart (reduce your risk of cancer at the same time)
- Reducing stress in children

Would You Like To:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Join a weight management support group? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have a computerized health risk assessment: A tool that helps you analyze your present health and future odds for good health? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have your fitness level tested and develop a wellness prescription for yourself? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|-----------|
| 5. Join a smoking cessation group? | _____ | _____ |
| 6. Join an aerobic exercise program? | _____ | _____ |
| 7. When would you attend a wellness program? Please mark first and second preferences with a "1" and "2" respectively. | | |
| _____ Mornings | Time _____ | |
| _____ During lunch | Time _____ | |
| _____ Afternoons | Time _____ | |
| _____ Fridays | Time _____ | |
| _____ Evenings | Time _____ | |
| _____ Saturdays | Time _____ | |
| 8. Where would you attend a wellness program? | | |
| _____ At a school | | |
| _____ In nearby community location | | |
| Where _____ | | |
| 9. Would you be willing to help pay the cost of a wellness program? | | |
| _____ No, not at all | _____ \$10-\$25 | |
| _____ Up to \$5 | _____ Depends on program | |
| _____ \$5-\$10 | | |

THANK YOU FOR YOUR COOPERATION

The _____ Wellness Team
(team name)

Return this questionnaire to _____ by _____