

Survey for Worksite Wellness Programs

1.) Name of Company _____

2.) Number of Employees _____

3.) Please describe the types of wellness programs your company conducts:

4.) What type of incentives do employees receive for participating in a wellness program?

5.) How many employees participate in the program?

6.) Would you rate the programs as successful? YES _____ NO _____
Please explain why.

7.) Would you like to collaborate with the Cardiovascular Health Project to continue worksite wellness programs?

YES _____ NO _____

If answered "yes" please submit your companies name and contact persons information below!

Name _____ Number _____

Please submit to Valerie Wears, Cardiovascular Health Project Coordinator at valeriew@zmchd.org or (740) 454-9741 Ext 273

THANK YOU!!

