

Health Interest Survey

Please complete this survey to help us customize health and wellness information for your group.

How do you prefer to receive health information? Please check all that apply.

- Information mailed to my home
- Newsletters
- Posters and pamphlets
- Newspapers and magazines
- Electronic communications
- Worksite wellness presentations
- Discussion with physician or other health care provider
- Other: _____

If these opportunities for health education were made available for you at your workplace, please check all that you would consider participating in.

- 15-minute webinars offered during the workday
- In-person health presentations by MESSA offered during the workday
- 15- to 30-minute webinars offered in the evening
- YouTube video clips
- In-person health presentations by MESSA offered in the evening
- Online scavenger hunt on a specific health topic
- Health activities and challenges with co-workers (example: walking challenge)
- I prefer written materials

Please indicate your level of interest in the following wellness activities.

	Little or no interest	Some interest	Very interested
Learning more about healthy food choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about portion control to help manage my weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about reading food labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning new ways of increasing my physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning more about the health benefits of physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing my physical activity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10- to 15-minute activities that I can do a few times per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in team activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about ways to cope with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about the most effective use of my MESSA health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating with a group to learn more about health and wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Your feedback is appreciated. Thank you for your time.