

As part of the new health promotion program offered by Alaska's Best Company, we would like to learn more about your interests in wellness and health related activities. Your **anonymous** responses will be used in planning activities for this program.

1. Which of the following would you like to know more about? (Check all that apply)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Asthma Management	<input type="checkbox"/> Protecting Your Knees and Other Joints
<input type="checkbox"/> Back Care	<input type="checkbox"/> Managing Chronic Health Conditions (diabetes, high blood pressure, etc.)
<input type="checkbox"/> Cancer Prevention	<input type="checkbox"/> Managing Chronic Pain (neck & shoulder injuries, back injuries, etc.)
<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Menopause
<input type="checkbox"/> Cold/Flu Prevention and Treatment	<input type="checkbox"/> Men's Health
<input type="checkbox"/> Cold Water Survival	<input type="checkbox"/> Mental Health
<input type="checkbox"/> CPR	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke Prevention
<input type="checkbox"/> Ear Safety	<input type="checkbox"/> Tobacco Cessation
<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Exercise/Fitness	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Eye Safety	
<input type="checkbox"/> Headache Prevention and Treatment	
<input type="checkbox"/> Healthy Eating	
<input type="checkbox"/> Heart Disease Prevention	
<input type="checkbox"/> High Blood Pressure Management	

2. If the following were offered on-site (or as part of your community wellness benefit through Premera) which would you participate in? (Check all that apply)
 - Health information classes (i.e., healthy eating, stroke prevention, asthma management)
 - Skill building classes (i.e. Cold Water Survival, CPR)
 - Weight loss program
 - Tobacco cessation program
 - Stress reduction programs
 - Exercise program

3. What time of the day would be best for you to participate in the classes/programs listed above? (Check only one answer.)
 - Before work
 - Lunch hour
 - After work
 - Would not participate
 - Undecided

4. What shift do you work?
 - Day shift
 - Evening shift

- Overnight shift
- Other _____

5. Please give your suggestions or recommendations for specific activities you would like included in our worksite health promotion program.

6. Are there aspects of the work environment that you would like to see changed to be more supportive of healthy lifestyles among our employees? If yes, please explain

7. If the company decided to offer incentives to promote healthy behaviors, what kind of incentive would you need for you to make healthy behavior changes?
