

Boise State University Employee Wellness Program

The following information will help Wellness Services better serve you, the employees, in developing and creating an Employee Wellness Program that fits your needs. Please take a moment to complete the following questions.

Preferred email address: _____

How would you rate your over all fitness level? ___ Poor ___ Fair ___ Good ___ Excellent

What is your fitness goal? (Example: Body Fat Loss, Muscle Gain, General Health, etc.)

What fitness activities do you most enjoy?

What fitness activities do you least enjoy?

What type of health/wellness programming would you most like to see?

What incentive(s), if any, would encourage you to participate in Employee Wellness events?

Year born: 19____

Race:

___ African American/Black ___ American Indian/Native American/Alaska Native
___ Asian American ___ Caucasian/White ___ Native Hawaiian or Pacific Islander
___ Hispanic/Latino/Latina ___ Other: _____

Gender:

___ Male ___ Female

Thank you for taking the time to complete this form!

7/6/2004