

TUNE INTO YOU MINDFULNESS

POST CHALLENGE SURVEY QUESTIONS



1. As a result of the program, which of the following did you notice? (Check all that apply)

<input type="checkbox"/> Decreased stress levels	<input type="checkbox"/> Made healthier nutritional choices
<input type="checkbox"/> Increased physical activity	<input type="checkbox"/> Decreased portion sizes
<input type="checkbox"/> Improved sleep habits	<input type="checkbox"/> None of the above
<input type="checkbox"/> Improved mood	
<input type="checkbox"/> Other:	
2. As a result of this challenge, were you successful in achieving your goal?
☐ Yes ☐ No
3. If this challenge was offered again, would you participate?
☐ Yes ☐ No
4. What would influence your decision to participate again? (Check all that apply)

<input type="checkbox"/> Desire to improve my health	<input type="checkbox"/> Being able to participate in events
<input type="checkbox"/> Variety of events	<input type="checkbox"/> Interest in program
<input type="checkbox"/> Having a team motivate me	<input type="checkbox"/> Prizes
<input type="checkbox"/> Other:	
5. What did you like MOST about this challenge?
6. What did you like LEAST about this challenge?
7. If you have an inspiring story to share about how you adopted a new healthy habit or overcame a barrier to work towards your goal, we want to hear from you! Your story can motivate and inspire your coworkers to make healthy changes too! If you are willing to share a brief testimonial, please write your name here and we will reach out to you.

Thank you for completing the survey, your responses are extremely helpful in planning future programs! Please turn this survey into



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