

TUNE INTO YOU MINDFULNESS

POST CHALLENGE SURVEY QUESTIONS



- As a result of the program, which of the following did you notice? (Check all that apply)
 - Decreased stress levels
 - Increased physical activity
 - Improved sleep habits
 - Improved mood
 - Other:
 - Made healthier nutritional choices
 - Decreased portion sizes
 - None of the above
- As a result of this challenge, were you successful in achieving your goal?
 Yes No
- If this challenge was offered again, would you participate?
 Yes No
- What would influence your decision to participate again? (Check all that apply)
 - Desire to improve my health
 - Variety of events
 - Having a team motivate me
 - Other:
 - Being able to participate in events
 - Interest in program
 - Prizes
- What did you like MOST about this challenge?
- What did you like LEAST about this challenge?
- 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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