



**5. Did you experience a change, in any of the following, as a result of participating in the program? (Check all that apply)**

Improved Nutritional Habits

Weight Loss

Better Ability to Manage Stress

Reduced Injuries

Increased Exercise Frequency

Better Work/Life Balance

Improved Health Measures (i.e. blood pressure, cholesterol, glucose, body composition, etc.)

Increased Mental Alertness/Capacity

Improved Career Satisfaction

Met Personal Wellness Goal(s)

Increased Productivity

Other: Please specify \_\_\_\_\_

**6. What aspects of the program do you feel could be improved or built upon?**

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**7. What are three of the most important things that you have learned through the WorkStrong program?**

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**8. Please write any comments you may have about your experience here.**

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**9. If you have a testimonial about the program that you would like to share or have published, please write it down here or you can also email it directly to the WorkStrong Coordinator (use the back if you need more space).**

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*Thank you!*