

Live Fit Challenge Employee Interests and Ideas

Name _____

Unit _____ Title _____

Phone _____ Email _____



Please indicate your level of interest in each topic.

	<i>Very Interested</i>	<i>Interested</i>	<i>Somewhat Interested</i>	<i>Not Interested</i>
Nutrition	[]	[]	[]	[]
Exercise	[]	[]	[]	[]
Weight Management	[]	[]	[]	[]
Disease Management	[]	[]	[]	[]
Financial Management	[]	[]	[]	[]
Stress, Mental Health Issues	[]	[]	[]	[]

Are you an internal "expert" on a topic related to Wellness (e.g., health recipes, cycling, aerobics, disease management, etc.)? Please describe _____

Are you willing to be a speaker on this topic? [] YES [] NO

Are you willing to be an AgCenter resource person on this topic? [] YES [] NO

Are you willing to be a unit "leader" for Wellness? [] YES [] NO

Please provide any suggestions you have for Wellness speakers. (Indicate topic and whether you know the speaker personally.) _____

Would you be interested in participating in a future Wellness research project? [] YES [] NO

Would you like the *SMART PORTIONS* program to be presented on-site for your unit? [] YES [] NO

What is the most convenient way for you to receive Wellness information? _____

What other ideas (marketing, activities, incentives, education, etc.) do you have for the Wellness program? _____

PLEASE RETURN COMPLETED CARDS TO THE HRM OFFICE.

For more information, please feel free to contact one of the Wellness Advisory Committee Members: Petrie Baker, Human Ecology; Peter Cannizzaro, SE Region; Vicky Chesser, NW Region; Mary Coco, NE Research Station; Ann Coulon, HRM; John Finley, Food Science; Collins Kimbeng, SPESS; Kathy Loyd, HRM; Elma Sue McCallum, Communications; Bertina McGhee, Orleans Parish; Debbie Melvin, Lafourche Parish; Steve Mullen, SC/CR Region; Linda Mumhrey, Central Stations; Heli Roy, Human Ecology; Adrienne Vidrine, Acadia Parish; Dave Woerner, Info Tech.

February, 2008

Live Fit Challenge Log Sheet



Week _____	MON	TUES	WED	THU	FRI	SAT	SUN	TOTAL
Cups-Fruits/Vegetables								
Pedometer-Steps								
Exercise-Steps								
Total Steps								

My daily goals: ____Cups ____Steps My weekly goals: ____Cups ____Steps

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Name _____ Month _____