

## BUSINESS NAME

How many participants will be attending the workshop?

## MOVEMENTS IN THE WORKPLACE

Please check all that apply.

### Repetitive Movements

- Bending
- Twisting
- Sitting
- Typing
- Driving
- Lifting
- Crawling

### Environmental Factors

- Inside
- Outside
- High Temperatures
- Low Temperatures
- Toxic Conditions
- Vibration
- Noises
- Cramped Quarters
- Working with Others
- Working Alone
- Day Shifts
- Swing Shifts
- Night Shifts

## INJURIES

Describe the injuries that employees encounter at your workplace?

## STRESS LEVELS

Would you consider your workplace to have a **low/medium/high** level of stress? (PLEASE CIRCLE)

Please check all that apply.

- Mental Stress (deadlines to meet)
- Environmental Stress (temperatures, cramped workspace, loud noises, vibration)
- Relationship Stress (co-workers are not getting along)
- Physical Stress (repetitive movement injuries, hurt on the job, low return to work numbers, unhealthy/unfit workers)
- Emotional Stress (mental health issues have caused some to go off work)

## WORKSHOP GOALS

Please choose what you would like to be included in your session.

### Wellness Topics

- |  |   |
|--|---|
| <input type="checkbox"/> 4 Steps To Wellness Workshop              | <input type="checkbox"/> Meditation Class               |
| <input type="checkbox"/> Power & Posture in the Workplace Workshop | <input type="checkbox"/> Yoga Class                     |
| <input type="checkbox"/> Mindfulness Workshop                      | <input type="checkbox"/> Stretching & Flexibility class |
| <input type="checkbox"/> Fitness Class                             | <input type="checkbox"/> Other (describe below)         |

If you would like to touch upon another topic that is not listed here please describe:

## MEDIA RESOURCES

Please choose all that apply.

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Projector    | <input type="checkbox"/> Screen   |
| <input type="checkbox"/> MAC computer | <input type="checkbox"/> Speakers |
| <input type="checkbox"/> PC Computer  |                                   |

## FITNESS CLASSES

Please briefly describe the area where the fitness class will be held so the instructor can prepare the equipment they would like to bring.