

PATHWAYS STRETCHING & STRENGTH

Dynabands

The concept of DYNA-BAND® originated in hospitals for use in rehabilitation, to strengthen and repair muscles after injury. This idea has been developed further to produce a fitness / training aid to enhance player's physical performance. Your worksite is eligible for a 30-minute introductory class to instruct individuals on proper use. (Class minimum is 8 attendees.) Your site can also participate in a six week program to encourage incorporating stretching exercises into their everyday lifestyle! The program is available to those PEIA members who have PPB insurance or the Health Plan through PEIA.



**Simple equipment
convenient for
travel!**

**Flexibility &
Strength**

Easy to use!

**Great for office or
home use**

**Contact your Health
Promotion
Consultant for more
information!**





PATHWAYS STRETCHING & STRENGTH

Dynabands

The concept of DYNA-BAND® originated in hospitals for use in rehabilitation, to strengthen and repair muscles after injury. This idea has been developed further to produce a fitness / training aid to enhance player's physical performance. The program is available to PEIA members who have PPB insurance or the Health Plan through PEIA.

Benefits from use of Dynabands include:

- Reduce the risk of osteoporosis
- Increase strength and flexibility
- Relieve stress
- No gym membership required!



Instructional Class
Date: _____
Time: _____
Location _____

6 Week Program Available (not required) Following the Class!

Easy to use!

Great for office or home use

Contact your Worksite Coordinator for more information!

COLLEGE OF HEALTH PROFESSIONS

Worksite Coordinators

1. The worksite coordinator receives this information packet, that contains the instructional class sign-up sheet (allow about 30 minutes of instructional time for this class) and information for an optional 6 week program, (pre and post survey, activity log, and participant guide). Copies of appropriate materials should be made for participants.
2. Set a date for the instructional class and post the sign-up sheet. For the 6 week program, make another copy of the sign-up sheet that will be available AFTER the instructional class for those who wish to participate. Post the promotional flyer in a visible area of your worksite.
3. Worksite Coordinator distributes the information for the program from the packet. Participants must fill out a pre survey, sign it and return it to the worksite coordinator. **Participants must provide their PEIA ID number located at the top of the pre survey. This information will track progress for outcome accountability and is completely confidential.**
4. All participant pre surveys must be turned into the Health Promotion Consultant.
5. Worksite begins the program. The program can be individual or team based on your worksite's preference. Teams may consist of 10 people or less. Participants should record their progress on the activity logs. During the 6-week duration of the program participants are asked to stretch a minimum number of times per week (as decided by their individual goal). Worksite Coordinator or a designated individual from the worksite will monitor the program and have "tips" that can be distributed weekly to participants for motivation.
6. At the completion of the program, each participant must turn in a post survey and activity log to the worksite coordinator. **Participants must provide their PEIA ID number located at the top of the post survey and log sheet.**
7. The worksite coordinator will check that this information is provided and turn in all of the participant post surveys and logs to their

**HEALTH PROMOTION
CONSULTANT.**

DYNABAND MOTIVATIONAL TIPS

Worksite Coordinators--Please send one of these tips out weekly to participants or post in a common area to keep them motivated:

- Remember to Breathe! Inhale on muscle contractions/exhale on relaxation
- Maintain good posture, not letting your shoulders drop forwards/backwards
- When doing standing exercises; keep your stomach tight to protect your spine
- When doing sitting exercises (such as rowing) keep a slight bend in your knees to protect them
- Begin with 10-12 repetitions with each exercise – building up to 15-20
- Always inspect your band before each use – jewelry and fingernails can puncture the band causing it to weaken and snap
- Dynaband exercises encourage muscle balance by performing each exercise/movement on both sides equally

You can find additional exercises and information by checking out the website:

<http://www.dynaband.co.uk/>

Participants

You will receive a program information packet which includes:

- pre and post survey
- stretching log
- goal sheet

This program can be individual or team based depending on your worksite's preference. Teams may consist of 10 people or less.

The goal of this program is to encourage participants to work on their strength and flexibility at home and at work.

You must turn in your pre and post surveys and exercise log to your worksite coordinator. Be sure to provide your PEIA ID number on each form.

If you decide this program might work for you, talk to your doctor first.

All exercise programs should be individualized, and certain medical problems and medications should be taken into account.

Follow the guidelines included with the product. Recruit a friend to make your exercise more fun. Find more opportunities to stretch at work and at home!

Participant Pre Survey

Worksite Name: _____ PEIA # _____

Sex: Male Female Weight: _____ pounds Height: _____ ft _____ in DOB: ____/____/____

Age: 18 - 24 years 35 - 44 years 55 - 64 years
 25 - 34 years 45 - 54 years 65 and older

1. Which of the following best describes you? (Check one)

- I don't stretch or strength train regularly and I have no plans to start.
- I don't stretch or strength train regularly now, but I've been thinking about starting.
- I have been doing stretching or strength training exercises fewer than four times a week.
- I have been stretching or strength training regularly at least four days per week for less than six months.
- I have been stretching or strength training regularly at least four days per week for six months or longer.

2. When participating in physical activity, are you (Check all that apply)

- Alone With friends With co-workers With family With pet
- Other, please specify: _____

3. Overall, how many times per week do you engage in some type of exercise activity? (Check one)

- Rarely or never
- 1 time per week for at least 20 minutes
- 2 times per week for at least 20 minutes
- 3 times per week for at least 20 minutes
- 4 times per week for at least 20 minutes
- 5 or more times per week for at least 20 minutes

4. Do you take the STAIRS ELEVATOR BOTH? (Check one)

5. Do you get up and stretch or walk at lunch or during free time? Yes No N/A (Check one)

6. Do you have what you would consider a safe, convenient place to use a dynaband? Yes No

If yes, where can you use it: (Check all that apply)

- Office Home Other facility, please specify: _____

I acknowledge that I must complete my PEIA ID number on this form in accordance with the guidelines of this program.

Signature: _____ Date: _____

Print Name: _____

This information must be completed to track progress for outcome accountability. This will be used as an identifier for data collection so your information will be protected and confidential.

PEIA ID # _____

Check with your doctor before starting any exercise program.
Please return this completed form to your worksite coordinator.

Activity Log

This information must be completed to track progress for outcome accountability. This will be used as an identifier for data collection so your information will be protected and confidential.

PEIA ID# _____

1 session= 10 minutes List the # of sessions/day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								

Please Return Survey to Worksite Coordinator!

Post Participant Survey

Worksite Name: _____ PEIA # _____

Sex: Male Female Weight: _____ pounds Height: _____ ft _____ in DOB: ____/____/____
Age: 18 - 24 years 25 - 34 years 35 - 44 years 45 - 54 years 55 - 64 years
 65 and older

1. Which of the following best describes you since you completed the program? (Check one)
 I don't stretch or strength train regularly and I have no plans to start.
 I don't stretch or strength train regularly now, but I've been thinking about starting.
 I have been doing stretching or strength training exercises fewer than four times a week.
 I have been stretching or strength training regularly at least four days per week for less than six months.
 I have been stretching or strength training regularly at least four days per week for six months or longer..

2. Has your activity level increased since you began this program? Yes No
If yes, what exercise activity or activities are you engaged in? (Check all that apply)
 Walking Jogging Swimming Aerobics
 Bicycling Weight Training Racquet Sports Team Sports
 Dynaband or other stretching (please specify): _____
 Other, (please specify) _____

3. When using the Dynaband, did you (Check all that apply)
 Alone With friends With co-workers With family With pet
 Other, please specify: _____

4. Overall, how many times per week did you engage in some type of exercise activity? (Check one)
 Rarely or never
 1 time per week for at least 20 minutes
 2 times per week for at least 20 minutes
 3 times per week for at least 20 minutes
 4 times per week for at least 20 minutes
 5 or more times per week for at least 20 minutes

5. Did you take the STAIRS ELEVATOR BOTH? (Check one)

6. Did you get up and stretch or walk during lunch or free time? Yes No N/A (Check one)

7. How much did this program motivate you to make changes in your exercise habits to improve your health?
 Not At All Somewhat Very Much

8. Have you had any physiological improvements (such as weight loss, lower blood pressure, etc.) as result of this program? Yes No If yes, please explain: _____

9. Did you reach the goal you set at the beginning of the program? Yes No

PEIA ID Number _____

Thank you for your participation!
Please return the survey to your worksite coordinator.

DYNABAND GOAL SHEET

Individual Goals

I would like to begin by using the Dynaband _____ minutes per week and increase the number of minutes per week by _____ minutes each _____ (week/two weeks/month) during the 6 week period.

Team Goals

My team would like to begin by using the Dynaband with at least one other team member (exercise in groups of 2 or more) at least _____ minutes per week and increase the number of minutes per week by _____ minutes each _____ (week/two weeks/month) during the 6 week period.

Team Name: _____

Please turn in all of your surveys and logs together with your goal sheet to the worksite coordinator.

Good luck!



PATHWAYS BACK ON PATH

Walking program for PEIA Pathways to Wellness

This 6 week program is designed to help participants become more physically active, put more exercise in their lives and have fun with co-workers by walking across our beautiful state! Participation can be individual or team based depending on your worksite's preference. Walking is a convenient and free activity that everyone can enjoy!



**Less than half of all
adults get enough
physical activity**

**You can incorporate
more walking into
your everyday life!**

**WV has BEAUTIFUL
places to walk!**

**For more
information contact
your Health
Promotion
Consultant**





PATHWAYS BACK ON PATH

Walking program for PEIA Pathways to Wellness

Join us in participating in the Back on Path challenge! This 6 week program is designed to motivate you to become more physically active, put more exercise in your life and have fun with co-workers by walking across our beautiful state! Participation can be individual or team based depending on your worksite's preference. Walking is a convenient and free activity that everyone can enjoy!



Informational Meeting

Date _____

Time _____

Location _____

Set Your Own Goals!

Incorporate more walking into your everyday life!

For more information contact your Worksite Coordinator:



Worksite Coordinators

1. Once you receive the information packet containing the informational flyer, pre and post survey, activity log, and participant guide you are on your way to starting your program! Copies of pages 5-9 of this packet should be made for each participant. In order to inquire as to the availability of pedometers please contact your Health Promotion Consultant.
 2. Once a start date to begin the program is set post the sign-up sheet provided by your HPC along with the promotional flyer in a visible area of your worksite.
 3. Each participant receives the program information packet. They must fill out a pre survey, sign it and return it to the worksite coordinator. **Participants must provide their PEIA ID number located at the top of the pre survey. This information will track progress for outcome accountability and is completely confidential.**
 4. If using pedometers, please distribute those to the participants once you have received their pre survey. **Participants MUST complete the “pre-survey” in order to receive a pedometer.**
 5. All participant pre surveys must be turned into the Health Promotion Consultant before the advertised start date.
 6. Worksite begins the program. The program can be individual or team based on your worksite's preference. Teams may consist of 10 people or less. Participants should record their progress on the activity logs. During the 6-week duration of the program participants are asked to walk a minimum number of miles per week (as decided as their individual goal)
- NOTE: (If not using pedometers, typically every mile is equivalent to 15 minutes of continuous walking.) Other forms of physical activity can count towards mileage (20 minutes aerobic exercise = 1 mile). There are also apps for smart phones which can be used as a pedometer or to track distance. Those can be found in the participant guide. The Worksite Coordinator or a designated individual at the worksite will monitor the program and can provide weekly walking tips as listed in the Program Tips and Tools.
7. At the completion of the program, each participant must turn in a post survey and activity log to the worksite coordinator. **Participants must provide their PEIA ID number located at the top of the post survey and log sheet.**
 8. The worksite coordinator must make sure this information is provided and turn in all of the participant post surveys and walking logs to their Health Promotion Consultant.

Program Tips

The goal of this program is as it is named, “Back on Path”. Whether you’re walking as individuals or have designated teams, you should set a minimum number of miles per a week based on the points or cities you would like to walk between.

Visit PEIA Pathways to Wellness website (www.peiapathways.com)

If you have a designated walking area/path post the number of laps needed to make a mile at the starting the most common starting point. After a few weeks, change the route to include more challenging terrain such as stairs or a safe incline outside.

Send out weekly motivational reminders to keep everyone on track and focused.

Designate a place to for participants to log their weekly miles. Sometimes the friendly competition can be that extra push to get people moving.

TECHNOLOGY TOOLS

One of the most commonly used items can be turned into a great fitness tool!! There are many apps that can be downloaded onto your smartphone or iPod that can help you monitor your physical activity. Listed below are a couple of free options:

MapMyWalk – Record your work out details, including duration, distance, pace, speed, elevation, calories burned, and route traveled on an interactive map. Can also log other types of workouts. Has ability to log food and beverage intake but database is limited. (Note: This is not designed to be used as a step counter as it requires a notable change in distance in order to record data correctly.) Similar apps include: MapMyRun, MayMyHike, MapMyRide, and MapMyTri. Free [iPhone, Android, Blackberry]

Walk Star – Turn your smartphone into a pedometer by using its built-in GPS. Track distance, calories, and speed. (Note: Using the GPS all day drains the battery quickly.) Free [iPhone]

Participants Information

You will receive a program information packet which includes:

- pre and post survey
- walking log
- goal sheet

*You must turn in your pre and post surveys and walking log to your worksite coordinator. Be sure to provide your **PEIA Member ID** number on each form.

Get the O.K.

If you decide walking might work for you, talk to your doctor first. All exercise programs should be individualized, and certain medical problems and medications should be taken into account.

Get the Gear

Comfortable shoes are a must! Make sure the shoes you walk in are the proper fit, shock absorbing, and have non-skid soles. Athletic shoes normally need to be replaced every 6 months. If your budget doesn't allow new shoes, try replacing your insoles.

Stretch it Out!

Stretch gently after you warm up your muscles, and again after you cool down. Do not bounce or hold your breath when you stretch. Perform slow movements and stretch only as far as you feel comfortable. (NIH, 2004)

Buddy Up

Recruit a friend or vary your route to make your exercise more fun. Exercising with a friend can keep you dedicated and provides you support.

Every Step Counts!

Provide yourself with more opportunities to walk, such as parking farther from your destination, using the stairs and walking to work. Verify your distance by driving the route with your car or using a distance tracking app for your smartphone or iPod. If a pedometer was not supplied, don't let that stop you! If you have a smartphone or iPod you can download a free app that will count the steps for you!

Steps	Miles	Steps	Miles	Steps	Miles	Steps	Miles
500	.25	3000	1.5	5500	2.75	8000	4
1000	.5	3500	1.75	6000	3	8500	4.25
1500	.75	4000	2	6500	3.25	9000	4.5
2000	1	4500	2.25	7000	3.5	9500	4.75
2500	1.25	5000	2.5	7500	3.75	10000	5

If you walk 15 minutes a day, that is the equivalent of one mile. Other forms of physical activity can count towards mileage (20 minutes of aerobic exercise = 1 mile).

Participant Pre Survey

Worksite Name: _____ PEIA Member ID: _____

Sex: Male Female Weight: _____ pounds Height: _____ ft _____ in DOB ____/____/____

Age: 18 - 24 years 35 - 44 years 55 - 64 years

25 - 34 years 45 - 54 years 65 and older

1. Which of the following best describes you? (Check one)

- I don't exercise or walk regularly now, and I have no plans to start.
- I don't exercise or walk regularly now, but I've been thinking about starting.
- I have been exercising or walking regularly fewer than four times a week.
- I have been exercising or walking regularly at least four days per week for less than six months.
- I have been exercising or walking regularly at least four days per week for six months or longer.

2. When participating in physical activity, are you (Check all that apply)

- Alone With friends With co-workers With family With pet
- Other, please specify: _____

3. Overall, how many times per week do you engage in some type of exercise activity? (Check one)

- Rarely or never
- 1 time per week for at least 20 minutes
- 2 times per week for at least 20 minutes
- 3 times per week for at least 20 minutes
- 4 times per week for at least 20 minutes
- 5 or more times per week for at least 20 minutes

4. Do you take the STAIRS ELEVATOR BOTH? (Check one)

5. Do you walk on your break, lunch or free time? Yes No N/A (Check one)

6. Do you have what you would consider a safe, convenient place to walk? Yes No

If yes, where do you walk: (Check all that apply)

- Mall Walking track School facility Area close to work
- Around your neighborhood Other, please specify: _____

I acknowledge that I must complete my date of birth and PEIA number on this form in accordance with the guidelines of this program.

Signature: _____ Date: _____

Print Name: _____

Check with your doctor before starting any exercise program.
Please return this completed form to your worksite coordinator.

Activity Log

15 minutes of continuous walking = 1.0 mile

If you are recording other forms of cardiovascular exercise (20 minutes of aerobic exercise = 1.0 mile)

This information must be completed to track progress for outcome accountability. This will be used as an identifier for data collection so your information will be protected and confidential.

PEIA Member ID _____

1 mi=15 min	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								
Week 6								

Please Return Survey to Worksite Coordinator!

Post Participant Survey

Worksite Name: _____ PEIA Member ID : _____

Sex: Male Female Weight: _____ pounds Height: _____ ft _____ in DOB ____/____/____

Age: 18 - 24 years 35 - 44 years 55 - 64 years

25 - 34 years 45 - 54 years 65 and older

1. Which of the following best describes you since you completed the program? (Check one)

- I don't exercise or walk regularly now, and I have no plans to start.
- I don't exercise or walk regularly now, but I've been thinking about starting.
- I have been exercising or walking regularly fewer than four times a week.
- I have been exercising or walking regularly at least four days per week for less than six months.
- I have been exercising or walking regularly at least four days per week for six months or longer.

2. Has your activity level increased since you began this program? Yes No

If yes, what exercise activity or activities are you engaged in? (Check all that apply)

- Walking Jogging Swimming Aerobics
- Bicycling Weight Training Racquet Sports Team Sports
- Other (please specify): _____

3. When participating in physical activity, did you (Check all that apply)

- Alone With friends With co-workers With family With pet
- Other, please specify: _____

4. Overall, how many times per week did you engage in some type of exercise activity? (Check one)

- Rarely or never
- 1 time per week for at least 20 minutes
- 2 times per week for at least 20 minutes
- 3 times per week for at least 20 minutes
- 4 times per week for at least 20 minutes
- 5 or more times per week for at least 20 minutes

5. Did you take the STAIRS ELEVATOR BOTH? (Check one)

6. Did you walk on your break, lunch or free time? Yes No N/A (Check one)

7. How much did this program motivate you to make changes in your exercise habits to improve your health? Not At All Somewhat Very Much

8. Have you had any physiological improvements (such as weight loss, lower blood pressure, etc.) as result of this program? Yes No

If yes, please explain: _____

9. Did you meet your goal set at the beginning of the program? Yes No

Thank you for your participation!
Please return the survey to your worksite coordinator.

BACK ON PATH GOAL SHEET

Individual Walking Goals

I would like to begin by walking _____ miles per week and increase the number of miles per week by _____ miles (can be ½ miles) each _____ (week/two weeks/month) during the program.

My starting point is: _____ (Name a place in WV you would like to “begin” your journey. This can be your home, a state park or a tourist spot. You may choose the capitol building or a local monument.)

I would like to walk to: _____ (Where do you want to go? You may choose another tourist spot, town or a location outside of the state like Myrtle Beach or Orlando!)

Team Walking Goals

My team would like to start at: _____ (As with the individual goal--- choose a starting point.)

My team would like to walk to: _____ (Where are you going?)

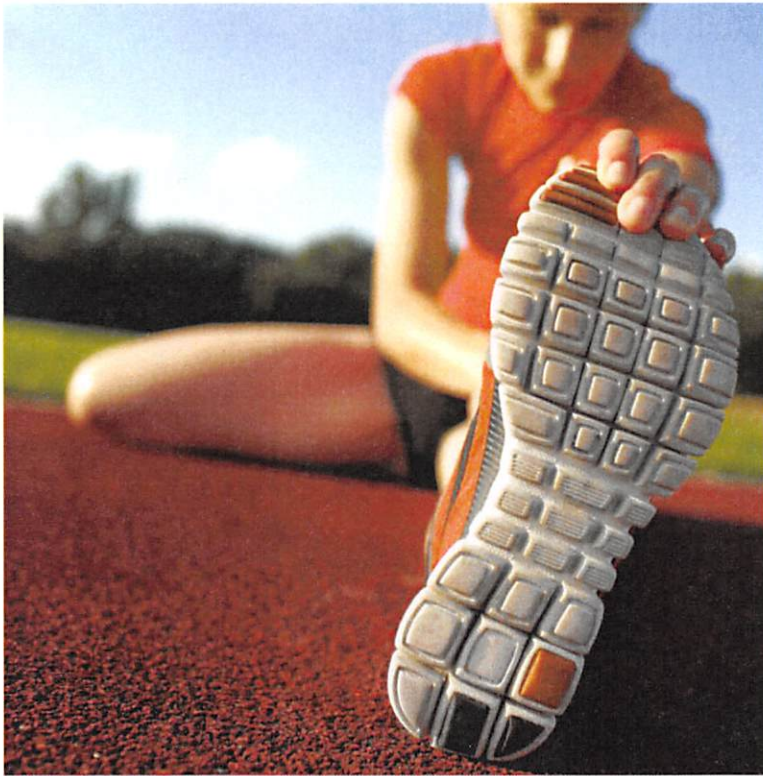
Now—divide up the miles and the number of people on your team. Understand that some people may walk more than others. Decide each individual team member’s goal.

Team Name: _____

A great resource in every region is the WV State Parks system! Utilize their website to find “start” and “end” destinations! <http://www.wvstateparks.com/map.html>

It is widely assumed that escaping the noise and stress of “town” to spend time in nature is good for us. Scientists have studied this theory and evidence is mounting regarding the positive effects of contact with nature on our physical, emotional and mental wellbeing. Take advantage of our beautiful state to walk!

Please turn in all of your surveys and logs together with your goal sheet to the worksite coordinator.



FITNESS CLASS ARE YOU INTERESTED?

PEIA Fitness Class Benefit

Our worksite is eligible for one series of onsite fitness classes per plan year. (16 weeks of 1 class per week or 8 weeks of 2 classes per week) At least 8 eligible people must attend in order to take advantage of this benefit. A variety of classes are available, (yoga, aerobics, boot camp, Zumba, etc.), depending upon the availability of instructors. Please inform your worksite coordinator if you are interested!



ONSITE EXERCISE
CLASSES AVAILABLE

MUST BE INSURED
BY PEIA OR THE
HEALTH PLAN

CONVENIENT!

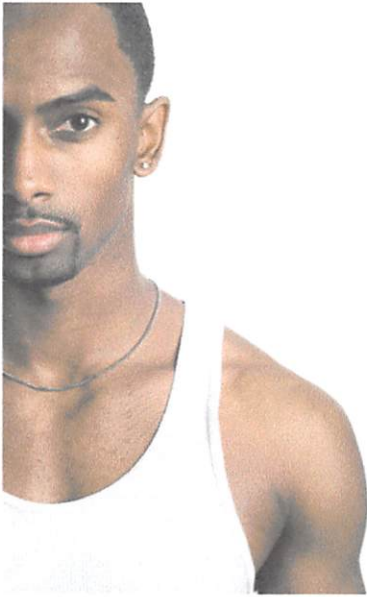
CONTACT YOUR
WORKSITE
COORDINATOR FOR
MORE
INFORMATION

MARSHALL
UNIVERSITY COLLEGE
OF HEALTH
PROFESSIONS



COLLEGE OF
HEALTH PROFESSIONS

WANTED: FITNESS INSTRUCTORS



Are you ready to lead?

We Want YOU to Lead
Classes!

Are you a certified fitness class instructor looking for a few good classes? PEIA Pathways to Wellness wants YOU!

Looking for qualified, experienced individuals to teach Zumba, aerobics, kickboxing, yoga, boot camp, and more!

Contact PEIA Pathways to Wellness: **304-638-7457**



PEIA PATHWAYS TO WELLNESS

8 Old Main, Marshall University, Huntington, WV 25755

304.696.6750



10-MINUTE STRESS REDUCTION

ARE YOU INTERESTED?

PEIA 10-Minute Stress Reduction

The PEIA Pathways to Wellness Program is happy to offer your office the NEW "10-Minute Stress Reduction" program! This one-time class can be offered at your worksite to help employees learn simple techniques for counted breathing and chair stretches.



LEARN TO REDUCE
STRESS THROUGH
SIMPLE
TECHNIQUES

MUST BE INSURED
BY PEIA OR THE
HEALTH PLAN

OFFICE-FRIENDLY
STRETCHES!

CONTACT YOUR
WORKSITE
COORDINATOR FOR
MORE
INFORMATION

MARSHALL
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OF HEALTH
PROFESSIONS



COLLEGE OF
HEALTH PROFESSIONS

PEIA 10 MINUTE STRESS REDUCTION CLASS PROTOCOL

1. HPC will circulate approved email about 10 Minute Stress Reduction Worksite Coordinators (WC)
2. HPC will secure interest in onsite class with WC
3. HPC/WC will confirm date/time for class
 - a. This is a one-time class that will take approximately 30 minutes
4. WC will post interest flyer and sign-up sheet in a convenient area for all employees to view.
5. WC will submit names/PEIA #s to HPC for validation
 - a. Worksite must have at least 8 eligible and pre-registered employees to schedule the class
6. Each class will use a sign-in sheet provided
7. Satisfaction Survey (provided by HPC) will be completed by all attendees and returned to the HPC
8. Sign-in sheet is turned into HPC at the conclusion of class
9. HPC returns sign-in sheet and satisfaction survey results to Pathways offices within 48 hours of class

Note: *WCs are responsible for:*

- *Notifying HPC their site is interested in advertising the 10-Minute Stress Reduction Class*
- *Posting the Interest Flyer & Sign-Up sheet (pages 1 & 2 of this packet)*
- *Scheduling the class with the HPC (if at least 8 eligible employees have signed up)*
- *Notifying registrants of date/time for event (page 4 of this packet should be posted with information)*

HPCs are responsible for:

- *assuring all participants in classes are PEIA insured members and eligible for benefits*
- *collecting sign-in sheets for each class*
- *collection satisfaction surveys for each class*
- *turning in all materials to MU Administrative Assistant for processing*

PEIA strives to meet the needs of each worksite. In the event that a site is very large and could fill more than one class, the WC may make a request to run more classes concurrently. (ie: 150 people sign up for classes; space provided will be sufficient for 50 people per class; proposal is to run 8 weeks of classes—Mon/Wed at lunch & after work as well as Tues/Thurs at lunch) These requests should be submitted to the director, who will discuss with PEIA for determination of total benefit available.



10-MINUTE STRESS REDUCTION

PEIA 10-Minute Stress Reduction

The PEIA Pathways to Wellness NEW "10-Minute Stress Reduction" program will guide participants in learning simple techniques for counted breathing and chair stretches.



LEARN TO REDUCE
STRESS THROUGH
SIMPLE
TECHNIQUES

MUST BE INSURED
BY PEIA OR THE
HEALTH PLAN

DATE: _____

TIME: _____

LOCATION: _____

CONTACT YOUR
WORKSITE
COORDINATOR FOR
MORE
INFORMATION

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OF HEALTH
PROFESSIONS



COLLEGE OF
HEALTH PROFESSIONS



10- Min Stress Reduction- Survey

Worksite Coordinator: _____

Site Name: _____ Program Date: _____

1. Was the program/information relevant and informative?

Less than expected As expected More than expected

Less than expected As expected More than expected Consistently more

Less than expected As expected More than expected Consistently more

Less than expected As expected More than expected Consistently more

2. The overall program was ...

Less than desirable As expected Better than expected Consistently better

3. Would you do this program again if offered?

4. **Comments:** (Please include comments about today's program AND feel free to include comments about whether or not you would participate in this program again or list a type of program you would be interested in PEIA offering here.)

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much!

10-MINUTE STRESS REDUCTION RESOURCES

WVU Extension

<http://hfhc.ext.wvu.edu/stress-less-with-mindfulness>

Technology Tools

Breathe2relax – There is more to breathing than just an inhale or exhale motion. With this app you will breathe to combat stress, anxiety and improve your mood by doing a variety of breathing exercises. Free [iPhone, Android]

Take a Break! – App has a voice guided meditation program with a 7 minute or 13 minute meditation. Choose from a variety of music. Free [iPhone, Android]