



360-447-8061

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Wellness Works NW is proud to bring you top-of-the-line Wellness Assessment Equipment made by Microfit, Inc. MicroFit has been a leader in health and fitness assessment solutions for health clubs, medically based wellness centers, U.S. Military bases, resort/spa destinations, colleges/universities, Fortune 500 corporations, and all types of "emergency responders." This survey is designed to provide you and the administrator, of the HealthWizard 5 software suite, an opportunity to evaluate your experience so we may continue to offer you the best service.

1) How were you introduced to Wellness Works NW Fitness Assessments?

- a. My Company
- b. Family member or friend
- c. Physician
- d. Health Club
- e. Personal Trainer
- f. Other: \_\_\_\_\_

Please explain: \_\_\_\_\_

2) Did your Fitness Assessment include:

- a. Health History (PAR-Q)
- b. Fitness Profile
- c. Wellness Profile
- d. All of the above

3) Please describe your Fitness Assessment experience?

- a. Very Favorable
- b. Favorable
- c. Somewhat Favorable
- d. Not a Favorable Experience

Please explain: \_\_\_\_\_

4) Did your Fitness Assessment report help you understand your current Fitness Level?

- a. Most Definitely
- b. To Some Extent
- c. Not Really Sure

5) How did your Fitness Assessment experience encourage you:

- a. I Started An Exercise Program
- b. I Kept With My Fitness Program
- c. I Got A Personal Trainer
- d. I Work With A Wellness Facilitator
- e. I Changed My Eating Habits

What other changes/benefits have you seen following your Fitness Assessment:

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6) Was your assessment administrator, qualified, informed, comfortable, and helpful in reviewing your report?

- a. Very Much So
- b. Seemed To Be
- b. Not Really Sure

7) Would you recommend the Wellness Works NW's Fitness Assessment to a friend or associate?

- a. Definitely
- b. Probably
- c. Not Sure
- d. Not Likely

Please explain: \_\_\_\_\_

8) In your opinion, how often would a follow-up Fitness Assessment be of benefit to help you to stay motivated toward your own Wellness Program?

- a. Within 90 Days Of Assessment
- b. Every 6 Months
- c. Once Per Year
- d. As Needed
- e. Never Again

9) What do you think Wellness Works NW's Fitness Assessment would cost in most professional environments such as your doctor's office or a medical clinic?

- a. \$200
- b. \$100
- d. \$75
- e. Other

Comments: \_\_\_\_\_

10) What suggestions do you have to improve Wellness Works NW's Fitness Assessment Experience for others in the future.

Comments: \_\_\_\_\_

**Optional information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this survey. Please return it to the person who administered your assessment or email it to [karen@wellnessworksnw.com](mailto:karen@wellnessworksnw.com).