



360-270-3880

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Wellness Works NW is proud to bring you top-of-the-line Wellness Assessment Equipment made by Inbody USA. InBody has partnered with HYROX as the Official Body Composition and Performance Measurement Partner of HYROX North America. This survey is designed to provide you and the administrator 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.