**Wellness Survey Use Criteria**

**Program Duration:**
1. At least 2 sessions

**Setting:**
1. Group

**Content:**

**A. Healthy Eating:**
Focus on increasing fruit/vegetables, fiber and low fat dairy/foods
Decreasing sweetened beverages and increasing water consumption
Nutrition fact label education
Awareness of BMI

**B. Physical Activity:**
Focus on regular exercise
Exercising safely

**C. Physiological Well Being**
Relaxation strategies
Stress management
Mental health awareness

**D. Responsible Health Practices**
Information on chronic disease
How and when to contact health care providers
Medication management
Tobacco and alcohol use

**Sites would enter to data base:**
1. Don't use names; give a unique ID that will be assigned linking Pre-tests to Post-tests.
2. Name of institution / facility
3. Name of data entry person
4. Date of data entry
5. Name of program being evaluated
6. Type of program (e.g., drop down menu for behavior change targets of program)
7. Setting where program is delivered (e.g., drop down menu for clinical office, community-based center, home?)
8. Total number of sessions possible (if 100% of sessions were completed, how many?)
9. Cost of program participation (to the patient/client)? Is it varied, out of pocket, covered by insurance, partially covered?
10. Date that client/patient started program (date client/patient started program)
11. Date that client/patient completed the Pre-test
12. Date that client/patient completed the Post-test
13. Number of sessions of program actually completed by client/patient