

WELLAWARE HEALTH EDUCATION COMPLETION FORM

WORKSITE OR COMMUNITY PROGRAM

Learn More, Earn More! Health Education Incentive Drawing

Return completed form to: WellAware, Berlin BMN2 or Northeast Utilities, WellAware, 107 Selden St., Berlin, CT 06037 for an entry into our *Learn More, Earn More Drawing*. The more health education guides/programs you complete the more chances you have to win. Drawings will be held March, May, July, September & November 2012. **Be sure to keep a copy for your records.**

Name: _____

Employee Spouse

Employee ID#: _____ (Number on front of employee badge)

Date: _____

Employee Interoffice Location: _____

Title of program you attended: _____

Did you attend*: Worksite Program Community Program Program Date: _____

*You are required to have attended this program. If you can't attend worksite or community programs, WellAware has many self-guided options for you. Contact www.wellaware-nu.com or 800.265.7438.

1. How does this health topic relate to your health or health of a family member?

2. What two health-related things did you learn from attending this program?

a. _____

b. _____

3. As a result of attending this program, list at least one specific step you will take to improve your health or assist a family member in improving their health.

4. What is one obstacle or barrier that you (or your family member) may face when making this change?

5. What is one strategy you might use to help yourself (or a family member) address this obstacle or barrier?

6. Rate this program on a scale of 1 (poor)—5 (excellent): 1 2 3 4 5

7. If you could change one thing about this program or presenter to make it/them better, what would it be?

My signature verifies that I have attended this workshop and completed this form on my own.

Your signature required

Date