



# Wellness Boxes Questionnaire

Name (First/Last) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Company (Client) \_\_\_\_\_

Company Address \_\_\_\_\_

How many employees does the company have? \_\_\_\_\_

What is the amount of the wellness fund to use for this initiative? \_\_\_\_\_

Please choose up to 2 wellness topics that you want the HealthBoxes to focus on \*

- Self Care & Stress Relief*     *Mindfulness & Mental Health*
- Gratitude*                       *Sleep Quality*
- Holistic Wellness (touches on many aspects of well-being)*

Approximately how many boxes will be needed?

Approximately how many boxes will be shipped to individual homes?

What custom printed material would you like to include? \*

- 1 notecard*     *1 flyer*     *1 notecard and 1 flyer*

When do the employees need to receive their HealthBoxes?\* \_\_\_\_\_  
mm/dd/yyyy

\*depending on selections, please allow a 3-4 week turnaround time

How did you hear about us? \_\_\_\_\_