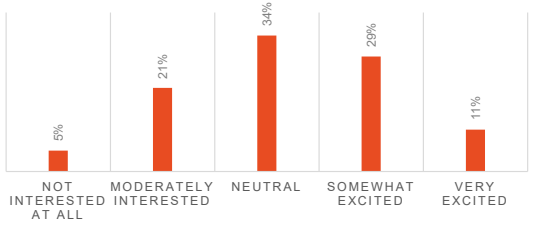
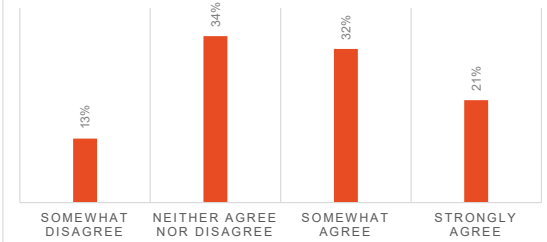
WELLNESS SESSION SURVEY RESULTS

Neutral	Somewhat agree	Somewhat disagree	Strongly agree	Strongly disagree

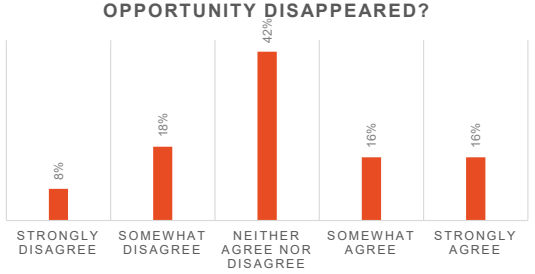
CAN YOU TELL ME HOW YOU FELT WHEN YOU HEARD ABOUT THIS PROGRAM?



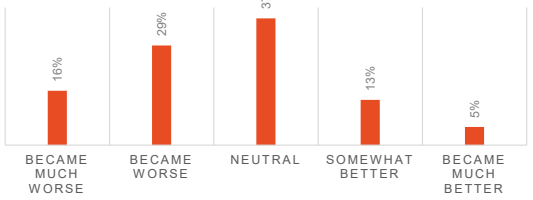
THE SESSION HAD A POSITIVE IMPACT ON MY MOOD AND STATE OF MIND.



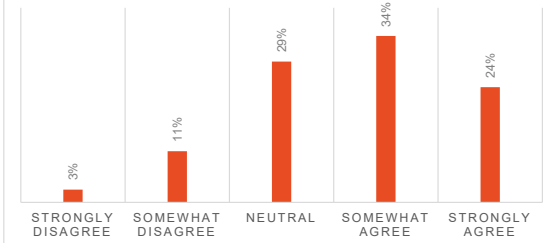
WOULD YOU BE DISAPPOINTED IF THIS OPPORTUNITY DISAPPEARED?



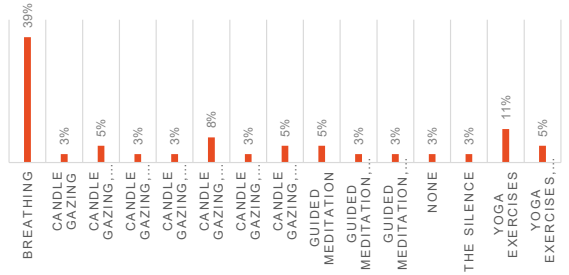
HOW IS LIFE DIFFERENT, HAS ANYTHING CHANGED FOR YOU NOW THAT YOU HAVE HAD THIS EXPERIENCE?



THE SESSION HELPED ME FEEL CALM AND RELAXED



WHICH TECHNIQUE DID YOU ENJOY?



DID YOU ENJOY THE SESSION