

Employee Evaluation of a Worksite Activity



You recently participated in _____, a Worksite Wellness Program activity provided by the Wellness Committee at your worksite.

Please complete this evaluation form in order to help the Wellness Committee create the best possible wellness programs/activities at our worksite. Thank You!

Please indicate your level of agreement using this scale:

1=Strongly disagree 2= Disagree 3=Agree 4=Strongly agree NS=not sure

- | | | | | | |
|--|---|---|---|---|----|
| 1. This activity has influenced me to make healthier lifestyle choices. | 1 | 2 | 3 | 4 | NS |
| 2. I would like to participate in similar activities in the future. | 1 | 2 | 3 | 4 | NS |
| 3. I would recommend this activity to my co-workers. | 1 | 2 | 3 | 4 | NS |

The best/most helpful part of this activity was _____

This activity could be improved by: _____

4. Please check any areas that you would like for wellness programs to be provided:

- | | |
|--|--|
| <input type="checkbox"/> Healthy Eating | <input type="checkbox"/> Quit Tobacco Use |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Stress Management |

Please return this form to:

