

Fruits and Vegetables Challenge **EMPLOYEE EVALUATION**

*You recently participated in the **Fruits and Vegetables Challenge**, a Worksite Wellness Program provided at your worksite. Please complete this evaluation form in order to help us create the best possible wellness programs/activities at your worksite. Thank You!*

Please indicate your level of agreement using this scale:

1=Strongly agree 2=Agree 3=Disagree 4=Strongly disagree 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 |
| 4. As a result of participating in the Challenge, I eat more fruits and vegetables every day. | 1 | 2 | 3 | 4 | NS |
| 5. As a result of participating in the Challenge, I learned about at least one new fruit or vegetable that I enjoy. | 1 | 2 | 3 | 4 | NS |

The best/most helpful part of this activity was _____

This activity could be improved by _____

Please check any areas for which you would like wellness programs to be provided:

- Healthy Eating
- Physical Activity
- Other _____

Please return this form to:

_____ by _____
 (name) (date)