

# 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 on the following scale:**

**1= Strongly Disagree    2= Somewhat Disagree    3= Agree    4= Strongly Agree    NS= Not Sure**

- |  |   |   |   |   |    |
|--|---|---|---|---|----|
| 1a. Participation in this activity provided me with new knowledge about healthy lifestyle behaviors. | 1 | 2 | 3 | 4 | NS |
| 1b. This activity has influenced me to make healthier lifestyle choices.                             | 1 | 2 | 3 | 4 | NS |
| 1c. I would like to participate in similar activities in the future                                  | 1 | 2 | 3 | 4 | NS |
| 1d. I would recommend this activity to my co-workers.  | 1 | 2 | 3 | 4 | NS |

2. The best/most helpful part of this activity was \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. This activity could be improved by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I heard about this worksite wellness activity from: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Posters/flyers      | <input type="checkbox"/> Web site         |
| <input type="checkbox"/> Co-worker           | <input type="checkbox"/> Staff newsletter |
| <input type="checkbox"/> E-mail Announcement | <input type="checkbox"/> Other            |

5. For future worksite wellness programs I am interesting in the following: (Check all that apply)

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

**Please return this survey to your Worksite Wellness Committee Representative:**

\_\_\_\_\_ by \_\_\_\_\_.