



## WALKING TOWARDS WELLNESS

## Participant Program Evaluation

Thank you for participating in this feedback process. Your time and effort are appreciated. Please complete this form to let us know your reaction to the program. Your input will help us to evaluate our efforts, and your comments and suggestions will help us plan future programs that meet your needs and interests.

Walking Towards Wellness Program

Date

*Instructions:* Please circle the appropriate response after each statement.

Program Content and Materials	Strongly Disagree	Disagree	Agree	Strongly Agree
The program was well organized.	1	2	3	4
I used the Tracking Log.	1	2	3	4
The participant packet will be a useful reference for the future.	1	2	3	4
Orientation Program	Strongly Disagree	Disagree	Agree	Strongly Agree
The Orientation Program was important to start the program.	1	2	3	4
The Program Coordinator encouraged questions and/ or discussions during the orientation.	1	2	3	4
General Impressions	Strongly Disagree	Disagree	Agree	Strongly Agree
I will use the knowledge and skills that I acquired as a result of this program.	1	2	3	4
Overall, I am satisfied with this program.	1	2	3	4
I would recommend this program to coworkers.	1	2	3	4
Before the <i>Walking Towards Wellness</i> program, I would rate my level of physical activity as indicated.	Poor	Fair	Good	Excellent
After participation in the <i>Walking Towards</i> <i>Wellness</i> program, I would rate my level of physical activity as indicated.	Poor	Fair	Good	Excellent

The	information	I	found	most	useful	was
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The information I found to be neither beneficial nor useful was

To improve the Walking Towards Wellness program, I recommend\_\_\_\_\_

What will I do differently as a result of my participation in the Walking Towards Wellness program?

How	did y	vou	hear	about	the	Walking	Towards	Wellness	Program?
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Intranet	Program Coordinator
Word of Mouth	Management
Flyer	Other

Is there anything else you would like us to know?\_\_\_\_\_

Title	
E-mail	

Thank you for your time!

