



# WALKING TOWARDS WELLNESS

## Program Coordinator 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.

Program	<i>Walking Towards Wellness</i>	IBC Wellness Representative – (610) 225-9561	Date

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

Program Content and Materials	Strongly Disagree	Disagree	Agree	Strongly Agree
The program material was well organized.	1	2	3	4
The program materials for the Participant were user friendly.	1	2	3	4
The program materials for the Program Coordinator were easy to understand and use to coordinate the program.	1	2	3	4
The multifaceted approach to program promotion was supportive to the program coordination. (E-mails, flyers, Intranet, etc.)	1	2	3	4
Orientation Program	Strongly Disagree	Disagree	Agree	Strongly Agree
The Orientation Program was instrumental to the implementation of the program.	1	2	3	4
The Orientation Program outline was helpful to facilitate the program.	1	2	3	4
Independence Blue Cross Wellness Representative	Strongly Disagree	Disagree	Agree	Strongly Agree
Was your Wellness Representative accessible to assist you with the program?	1	2	3	4
Was your Wellness Representative able to provide consultation for the program?	1	2	3	4

# Program Coordinator Evaluation *(continued)*

Total # of participants \_\_\_\_\_ Please complete this section.

Total # of minutes walked \_\_\_\_\_ Please complete this section.

Did you offer any incentives?  Yes  No

Would you recommend this program to another company?  Yes  No

The information I believed to be **neither beneficial nor useful** was \_\_\_\_\_

\_\_\_\_\_

To **improve** this program, I recommend \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

## Company Information

Company Name \_\_\_\_\_

Phone number	E-mail	Title

Please return to: Independence Blue Cross  
Preventive Health & Wellness  
580 E. Swedesford Road  
Wayne, PA. 19087

Or fax to: Preventive Health and Wellness  
(610) 225-9151

Your feedback is important to us and this program. Thank you!

