



# 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 <b>Walking Towards Wellness</b> program, I would rate my level of physical activity as indicated.                 | Poor              | Fair     | Good  | Excellent      |
| After participation in the <b>Walking Towards Wellness</b> program, I would rate my level of physical activity as indicated. | Poor              | Fair     | Good  | Excellent      |

The information I found **most useful** was \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 you hear about the Walking Towards Wellness Program?  
 Intranet  Program Coordinator  
 Word of Mouth  Management  
 Flyer  Other \_\_\_\_\_

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

**Optional Information:**

Name \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Thank you for your time!

