

Smart Fuel Employee Evaluation



You recently participated in Smart Fuel, a worksite wellness challenge provided by your Worksite Wellness Committee.

Please complete this evaluation form in order to help the Worksite Wellness Committee 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 _____.