

# Smart Moves Employee Evaluation



You recently participated in Smart Moves, a weight loss and maintenance support group 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 interested 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 \_\_\_\_\_.