NC Health*Smart* Worksite Wellness Program Evaluation Form



You recently participated in a worksite wellness program activity (name of activity) provided by (name of your worksite wellness committee).

1 = Strongly Disagree	y Disagree 2= Somewhat Disagree 3= Agree		4= Strongly Agree			
Overall, this was an effective	e wellness activity.		1	2	3	4
This wellness activity influer	nced me to make healthier	lifestyle choices.	1	2	3	4
This wellness activity is a useful activity for employees.			1	2	3	4
Please check below any areas t activities for employees.	hat you would like to see the	wellness committee	provid	le prog	grams :	and/or
	ealthy Eating nysical Activity	☐ Quit the Use of☐ Manage Stress	Tobac	co		
Vour input is needed in order	to make improvements to vo	ur workeita wallnee	e progr	am th	arafor	a com

Please indicate your level of agreement using this four-point scale with the statements that follow:

Your input is needed in order to make improvements to your worksite wellness program, therefore completion of this form is necessary in order for us to continue to provide the best wellness programs and activities at our worksite. Thank you!