



This is an anonymous, voluntary survey used to evaluate the **HMSA worksite Biometric Screening Program**.

Thank you for your time to provide us with your feedback to support program improvement.

Your agency name _____		Location _____		
Date your attended the screening program: _____				
Please provide your feedback for the following statements:		Agree	Somewhat Agree	Disagree
1	I felt the screening environment and process was confidential.			
2	The screening technicians were professional and made me feel comfortable.			
3	I understand the results of my screening tests.			
4	The screening revealed a health risk I <i>did not</i> know I had.			
5	I was pleased with the results of my screening tests.			
6	I plan to make an appointment with my health care provider as a result of this screening program.			
7	Based on the screening results I plan to take action to change one or more health behaviors <i>such as</i> lose weight, eat better or get more physical activity.			
8	I'm confident that my individual test results <i>will not</i> be shared with my employer.			
9	I have a better understanding of my health as a result of this screening program.			
10	I would recommend this screening program to my colleagues.			

How can the screening program be improved? _____

Why did you decide to participate in the program: _____

Other comments: _____

Return completed evaluations to HMSA or directly to EUTF linda.l.green@hawaii.gov 586-7390 x62177