



This is an anonymous, voluntary survey used to evaluate worksite health education classes.

Thank you for your time to provide us with your feedback.

Your agency name _____

Name of the class _____ Date of class _____

Select plan provider presenting this program today: HMSA Kaiser Permanente

Please rate the following statements		Agree	Somewhat Agree	Disagree	Don't know
1	The instructor was confident and clearly presented the information and skills to be learned.				
2	The class was engaging and interactive.				
3	My knowledge of the subject matter has improved as a result of attending this class.				
4	The program content was TOO basic for me.				
5	I plan to apply the information learned today in my daily life/routine.				
6	This class motivated me to consider making at least one lifestyle change to improve my health.				
7	I would recommend this program to my colleagues.				
8	I plan to participate in future classes if offered at the workplace.				

Based on your experience today, please provide us with suggestions for ways to improve this class?

Describe why you decided to participate in this education class: _____

Other comments: _____