



This is an anonymous, voluntary survey used to evaluate worksite **Health Education Classes**.

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

Your agency Name \_\_\_\_\_ Location \_\_\_\_\_

Date you attended the health education class: \_\_\_\_\_

Check the Plan Provider presenting the class:  HMSA  Kaiser Permanente

Please rate the following statements		Agree	Somewhat Agree	Disagree	Don't know
1	The instructor was confident in presenting 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	The program content was too difficult for me.				
6	I plan to apply the information learned today in my daily life/routine.				
7	This class motivated me to consider making at least one lifestyle change to improve my health.				
8	I would recommend this program to my colleagues.				
9	I plan to participate in future classes if offered at my workplace.				
10	Overall the class met my expectations.				

How can this health education class be improved? \_\_\_\_\_

\_\_\_\_\_

What did you like most about the class? \_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

Return completed evaluations to the presenter or directly to EUTF [linda.l.green@hawaii.gov](mailto:linda.l.green@hawaii.gov) (808) 586-7390 x62177