



This is an anonymous, voluntary survey used to evaluate the **Kaiser Permanente Care Gap Screening Program**.

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

Your agency name: \_\_\_\_\_ Location \_\_\_\_\_

Date you 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 nurses were professional and made me feel comfortable.			
3	I understand the results of my screening tests.			
4	The screening program revealed gaps in my health care that I was <i>not</i> aware of.			
5	The screening revealed a health risk I <i>did not</i> know I had.			
6	I was pleased with the results of my screening tests.			
7	I did, or plan to make an appointment to see my health care provider as a result of this screening program.			
8	Based on information provided today I plan to change one or more of my health behaviors such as lose weight, eat better or exercise more.			
9	I'm confident that my individual information will not be shared with my employer.			
10	I have a better understanding of my health as a result of this screening program.			
11	I would recommend this screening program to my colleagues.			

How can the screening program be improved? \_\_\_\_\_

Why did you participate in this screening program? \_\_\_\_\_

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

Return completed evaluations to Kaiser Permanente at the time of the screening or direct to EUTF [linda.l.green@hawaii.gov](mailto:linda.l.green@hawaii.gov) (808) 586-7390 x62177.