



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 EUTF linda.l.green@hawaii.gov (808) 586-7390 x62177.