



BIOMETRIC SCREENING PROGRAM

Participant Feedback Survey

Anonymous and Voluntary

Hosting Department: _____

Location: _____ Date of Event: _____

Please provide your feedback for the following statements:		Agree	Somewhat Agree	Disagree
1	I felt the screening environment and process was private and confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The screening technicians were professional and made me feel comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I understand the results of my screening tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The screening revealed a health risk I <i>did not</i> know I had.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I was pleased with the results of my screening tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I plan to make an appointment with my health care provider as a result of this screening program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Based on the screening results, I plan to take action to change one or more health behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I am confident that my individual tests results <i>will not</i> be shared with my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I have a better understanding of my health as a result of this screening program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I would recommend this screening program to my colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can the screening program be improved? _____

What did you like most about the screening program? _____
