

Healthy Eating in the Workplace Participant Evaluation Form

Topic: _____

Please answer the following questions:

1 Information and/or activities related to this topic were made available in different ways. Please indicate the ones that you reviewed and/or in which you participated. Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Table tents | <input type="checkbox"/> Support group/club |
| <input type="checkbox"/> Fact sheets | <input type="checkbox"/> "Challenge" |
| <input type="checkbox"/> Intranet messages | <input type="checkbox"/> Field trip |
| <input type="checkbox"/> Information in newsletter | <input type="checkbox"/> Website interactive tools |
| <input type="checkbox"/> Guest speaker | <input type="checkbox"/> Other (please specify) |

2 Which of the above materials/activities did you find to be the most informative and why?

3 Which of the above materials/activities did you find to be the least informative and why?

4 The materials and activities were easily accessible. Please circle one.

1 2 3 4 5
Never Sometimes Always

5 The materials and activities that were made available have increased my awareness of choices in selecting and eating food.

1 2 3 4 5
Never Sometimes Always

6 In the future, I will review material and/or participate in activities related to healthy eating in the workplace. Please circle one.

1 2 3 4 5
Never Sometimes Always

Comments: _____

Thank you for taking the time to complete this survey. Your feedback is important to us!
Please return to: