CHAMP Wellness Survey for Employees
Food Pilot Program

Health and Wellness topics cover a broad spectrum of our needs and interests. In addition, topics that may not have held our interest in the past suddenly can become very important as life changes. Some we anticipate; however, many changes are unexpected and unplanned.

If you recently participated in a program sponsored by CHAMP Wellness please complete the entire survey. If you did not participate in a program sponsored by CHAMP Wellness please complete the survey starting with the section titled Personal Health Issues.

**Program Participation Evaluation**
- Name of the program that you participated in (list program name below)
- Start date of the program (list below)
- Are the facilities adequate (location, size, temperature, lighting, etc.)?
  - Yes
  - No
  - N/A
- Are you learning what was intended from the educational materials?
  - Yes
  - No
  - N/A
- If the program has speakers or instructors are you enjoying them?
  - Yes
  - No
  - N/A
- Are activities held on schedule?
  - Yes
  - No
  - N/A
- Are the program times convenient?
  - Yes
  - No
  - N/A
- Do you like the activity/program?
  - Yes
  - No
  - N/A
- Do you believe that you have improved your overall health and wellness? If yes, please explain below. You may want to indicate things like improved BMI, cholesterol, blood pressure, etc.
  - Yes
  - No
  - N/A
• Did you use the program’s healthy lunch reimbursement?
  Yes  No

• Did you meet with a nutritionist while in the program?
  Yes  No

• Did you enroll in the CIGNA Healthy Steps to Weight Loss Program as recommended?
  Yes  No

• Approximately how many times did you meet with and/or speak with a nurse practitioner regarding the program / your program goals (list below)?

• Please share any other feedback about the program below.

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