

# HEALTHY REWARDS PROGRAM EVALUATION FORM

CALUMET COUNTY



Please rate the Healthy Rewards program on a scale of 1-5 by circling one number for each statement. Please make additional comments as needed.

1=Strongly Disagree      2=Disagree      3=Uncertain      4=Agree      5=Strongly Agree

The program was self-explanatory and easy to understand.	1	2	3	4	5	N/A
The rewards motivated me to participate in the program.	1	2	3	4	5	N/A
The wellness benefits motivated me to participate in the program.	1	2	3	4	5	N/A
The degree of difficulty to acquire the 50 points was appropriate.	1	2	3	4	5	N/A
The weekly e-mails/handouts were informative.	1	2	3	4	5	N/A
Participation brought about positive physical activity changes.	1	2	3	4	5	N/A
Participation brought about positive lifestyle practice changes.	1	2	3	4	5	N/A
Participation produced physiological improvements (weight loss, lower blood pressure, etc).	1	2	3	4	5	N/A
Participation increased my overall health.	1	2	3	4	5	N/A
I have made healthy lifestyle behavior changes that I will continue.	1	2	3	4	5	N/A
The length of the program was appropriate.	1	2	3	4	5	N/A
I didn't complete the program because I wasn't able to acquire 50 points per month.	1	2	3	4	5	N/A
I didn't complete the program because tracking was inconvenient.	1	2	3	4	5	N/A
The rewards were not large enough to keep me interested in completing the program.	1	2	3	4	5	N/A
I didn't complete the program because I am already leading a healthy lifestyle.	1	2	3	4	5	N/A
I am likely to participate in future Calumet County Wellness Programs.	1	2	3	4	5	N/A
What did you like about the program?						
What did you dislike about the program?						
What would you improve about the program?						
Additional comments?						

**PLEASE RETURN COMPLETED EVALUATION FORM TO THE  
PERSONNEL DEPARTMENT BY MAY 7.**