



Sample Participation Feedback Form

Please take a moment to complete this survey at the completion of the program.

DATE: _____ TITLE: _____

1. Did you learn any valuable health and wellness information from this session?	YES	NO
2. Was the speaker well-informed and knowledgeable of the subject?	YES	NO
3. Would you attend this session or a similar session again in the future?	YES	NO
4. Would you like to receive more awareness training on the same or a related subject?	YES	NO
5. Was the time of this program convenient to you?	YES	NO
6. Based on today's experience, will you encourage your colleagues to attend?	YES	NO
7. Will you make changes in your life based on what you learned today?	YES	NO
8. How often would you attend programs?	MONTHLY	MORE OFTEN
9. Please provide any additional comments on this or future programs that you would like to see implemented:		

YOUR NAME (OPTIONAL): _____

Thank you for your responses in this feedback form. We will use the feedback from the program to continue to make improvements within our wellness program.

IF YOU WOULD LIKE TO RETURN IT AFTER THE PROGRAM, PLEASE SEND TO: