

Sample Satisfaction Survey

Thank you for choosing to participate in this program, supported by WorkWell NYC. Your answers are important to help WorkWell NYC improve future programs offered at your workplace. Your responses are confidential and cannot be traced back to you. This survey is voluntary. Thank you for your feedback!

1. What impact did this program have on your:	Positive Impact	No Impact	Negative Impact
a. Overall knowledge about this health topic			
b. Motivation to make healthy changes to your lifestyle			
c. Connection with your colleagues			
d. Productivity at work			

2. How satisfied are you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
a. Overall quality				
b. Duration				
c. Presenter				
d. Convenience (e.g., time of day)				

3. Do you have any additional comments or feedback regarding this program? If you were dissatisfied with any aspects of the program, please provide some suggestions for improvement.

Demographics (optional)

5. What worksite do you work at? _____

6. What is your age (in years)?

- 24 or younger 55 – 64
 25 - 34 65 or older
 35 - 44 Prefer not to answer

6. How do you describe yourself?

- As a man
 As a woman
 As a transgender man or woman
 As gender non-conforming
 Another gender identity
 Prefer not to answer

7. Which one or more of the following would you say is your race? (Please check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino/a
 Native Hawaiian or Other Pacific Islander
 White
 Prefer not to answer