

EVALUATION OF WELLNESS COMMITTEE BY COMMITTEE MEMBERS



This questionnaire is designed to help your committee assess your Worksite Wellness Program and the committee's strengths and weaknesses. **It is for your use only to guide your discussions of how well the committee functions and how the wellness program could be improved.** Feel free to add other questions that you think would help this effort.

1. Are all areas of your worksite represented on your committee? Yes No

1a. How could representation be improved?

2. Is management represented on your committee? Yes No

3a. In what ways has management been supportive of your efforts?

3b. In what ways would you like management to be more supportive?

4. Has the committee completed a written action plan? Yes No

4a. Does the action plan include at least one short-term and one long-term objective? Yes No

4b. Have you implemented any activities from your action plan? Yes No

4c. Which behavior(s) does your action plan focus on?

Healthy Eating

Quit Tobacco Use

Physical Activity

Stress Management

5. What would help your committee do a better job of working together?

6. In what ways is the wellness program helping employees?

7. What could the committee do to make the program more effective?
