



**STAYWELL'S HEALTH MANAGEMENT PROGRAM: Lunch & Learn Evaluation / Survey Form**

Thank you for participating in your company's Lunch-and-Learn Workshop. In order to plan for successful future events, we would appreciate you taking the time to answer the following questions:

Today's Date: 11/16/2021

Location: StayWell – Microsoft Teams

Workshop Topic: Diabetes Awareness

Presenter's Name: Agnes White, RN, CDCES

Please rate the following: (1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

1. *The workshop met my expectations.*
2. *The topic was helpful and educational.*
3. *The topic was relevant to my needs/lifestyle.*
4. *The Presenter was knowledgeable of the topic and well prepared.*
5. *I was able to learn the content and I will use what I learned.*
6. *The handouts/take-home-materials are appropriate and beneficial.*
7. *Why did you come to the Lunch-and-Learn Workshop? (Please check all that apply.)*
  - It was free.
  - I am interested in the health topic.
  - I was asked to accompany someone.
  - It was mandatory by my employer.
  - I want to learn more about the health topic.
  - Other: \_\_\_\_\_

8. *What did you like best about the Lunch-and-Learn workshop, or what did you find most valuable?*  
\_\_\_\_\_  
\_\_\_\_\_

9. *What did you not like about the Lunch-and-Learn workshop, or what did you find least valuable?*  
\_\_\_\_\_  
\_\_\_\_\_

10. *Do you plan on using/sharing the information you learned today?*     Yes     No  
Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

11. *Would you consider attending a similar Lunch-and-Learn in the future?*     Yes     No  
If so, what additional topics would you like to see presented?  
\_\_\_\_\_  
\_\_\_\_\_

12. *Additional questions, comments, or suggestions:*  
\_\_\_\_\_  
\_\_\_\_\_