



2018 City Wellness Evaluation Form

<http://cityofracine.org/health/wellness>

Attach this form to the **2018 Licensed Healthcare Provider Form**

_____ Participant's Name	_____ Employee #	Check One: <input type="checkbox"/> Employee <input type="checkbox"/> Employee Spouse <input type="checkbox"/> Retiree <input type="checkbox"/> Retiree Spouse
_____ Department Name	_____ Date of Birth	

Name of Wellness Challenge

Date Completed

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The Wellness Challenge met my expectations.					
2. The Wellness Challenge helped improve my knowledge.					
3. The Wellness Challenge helped improve my health behavior.					
4. I will alter my lifestyle based on the information I learned.					
5. A group challenge is a good method for me to learn.					
6. An individual program is a good method for me to learn.					
7. I am satisfied with this Wellness Challenge.					
8. The instructor motivated me to make lifestyle changes.					

Comments:

Submit this completed form, **NO LATER THAN 11/5/2018** to
 City Hall, Human Resources, Room 204, 730 Washington Avenue, Racine, WI 53403

Late forms will NOT be accepted for reimbursement