

Evaluation of Program  
A Satisfaction Survey

This evaluation is created to demonstrate how the health ministries and programs have made a difference in the lives of the faithful. It is a tool to measure small changes!! (Revise according to your event.)

1. How many people came to the first event? \_\_\_\_\_
2. How many came back for the second time? \_\_\_\_\_
3. Have the participants fill in the blanks:
  - a. I came because \_\_\_\_\_
  - b. I will come back because \_\_\_\_\_
  - c. This program was (circle one)    okay    good    super
  - d. I enjoyed the \_\_\_\_\_
  - e. You cannot make me try the \_\_\_\_\_ again.
4. Before I started I could not:
  - a. Walk up the stairs
  - b. Run one mile
  - c. Touch my toes
  - d. Eat fruits and vegetables every day
5. After (time period) I can now:
  - a. Walk up (number) flights of stairs
  - b. Drink a quart of water daily
  - c. Eat five servings of fruits and vegetables every day
6. At the end of (time period) I want to be able to:
  - a. Go out dancing with my husband
  - b. Beat my partner in "one on one"
  - c. Sleep through the night without medication
7. I will increase my (fill in the blank) each day until I reach my goal:
  - a. Glasses of water
  - b. Steps on my pedometer
  - c. Numbers and types of vegetables I eat
  - d. Times for relaxation