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