Feedback Survey Sample Questions

Thank you for taking the time to give us your valuable feedback on this event! This survey should take 2-3 minutes to complete.

About Me

Age

 Under 25

25-34

35-44

45-54

55-59

60-64

65-69

70+

Prefer not to answer

Gender

Male

Female

Other

Prefer not to answer

I currently have a family doctor or nurse practitioner who cares for me:

Y

N

My level of agreement with these statements

I learned valuable information about my health through this assessment:

 Strongly agree

Agree

Neither agree nor disagree

 Disagree

 Strongly disagree

My participation gave me useful tools for improving my health:

 Strongly agree

Agree

Neither agree nor disagree

 Disagree

 Strongly disagree

My opinions and actions:

As a result of my assessment, I have decided to follow up with a health care professional:

 Strongly agree

Agree

Neither agree nor disagree

 Disagree

 Strongly disagree

The likelihood that I would receive these measurements and information from my family doctor or nurse practitioner is:

 Very likely – I receive similar service on a regular basis

 Somewhat likely

 Somewhat unlikely

 Unlikely – I would not receive similar service on a regular basis

My main reason for participating today was:

 Curiosity

 To learn more about this health topic

 To assess my risk factors

 It was convenient

 I had specific questions or concerns on this health topic

 Other

This health assessment has (please choose the statement that best describes where you are at as a result of your assessment today):

Caused me to think about changing my health behaviours

Helped me develop a strategy for changing my health behaviours

Provided me with ways to implement new health behaviours

Encourage me to maintain already established health behaviours

It is too soon to tell