



Challenge Evaluation

Our goal is always to provide you with fun and fresh wellness challenges to assist you in making meaningful lifestyle changes. To ensure we are meeting our goal, we need to hear from you. Please answer the questions below to help us understand how you felt about the challenge you just completed.

- 1. **Did you successfully complete all 6 weeks of the Big Little Things challenge? (check one)**
 Yes No

- 2. **Was the challenge easy to understand (check one)?**
 Yes No

- 3. **I found Big Little Things to be (check one):**
 a. Not challenging enough for me.
 b. The right level of challenge for me.
 c. Too challenging for me.

- 4. **If the challenge was offered again would you recommend it to a coworker? (check one)**
 Yes No

- 5. **Are you more aware of your self-care habits now than you were before participating in the Big Little Things challenge? (check one)**
 Yes No

- 6. **I received these benefits by participating in the Big Little Things challenge (check all that apply)**
 a. It was fun for me.
 b. I learned new things about how to incorporate healthy habits in my routine.
 c. I'm thinking more about changing one or more of my self-care habits.
 d. I am continuing a healthy behavior (regular check-ins, etc.) that I began during the challenge.
 e. It reinforced that my self-care habits are good and I should continue them.
 f. I enjoyed participating with coworkers.
 g. Other: (please specify): _____

- 7. **Please rate your overall satisfaction with Big Little Things (check one)**
 Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

8. What did you like most about the Big Little Things challenge?

9. What did you like least about the Big Little Things challenge?

10. Please share any ideas and suggestions you have for future challenges.

Please return to:

Name (optional): _____

Department (optional): _____