

Event/Activity Record – Participant survey

If you have taken part in an event or activity for the NE Better Health at Work Award, we would be interested in your feedback.

Please take a couple of minutes to complete this short questionnaire.

Event/Activity title:.....

Date of activity:.....

2. Gender: Male Female

3. Age: 18-30 31-45 46-60 61+

4. Postcode:
(optional)

5. Department/Section:
.....

6. Why did you take part?
.....
.....
.....

7. What did you like most?
.....
.....

8. What did you like least?

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.....

9. Is there anything you would do to improve the event/activity?

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10. What lifestyle change will you make as a result of the event/activity?

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Any other comments (e.g. additional information, suggestions for future events or activities)?

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**Please return to your Health Advocate or
[*Insert email*](#)**

Thank you

