

**UI Wellness
Health Coach
Client Satisfaction Survey**



Name: _____ ID Number: _____ (For office use only.)

Please help us improve our program by answering some questions about the services you have received as part of the **Health Coach** service. We are interested in your honest opinions, whether they are positive or negative. **Please answer all the questions.** We also welcome your comments and suggestions. Thank you, we appreciate your help.

Circle your answers

1. How would you rate the quality of service you received?

1	2	3	4
Poor	Fair	Good	Excellent

2. To what extent has the Health Coach service met your needs?

1	2	3	4
Did not meet my expectations	Met only some of my expectations	Met my expectations	More than met my expectations

3. If a friend were in need of similar help, would you recommend the Health Coach service to him/her?

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4. How satisfied are you with the amount of assistance you received?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

5. Have the services you received helped you to deal more effectively with your concerns?

1	2	3	4
No, they seemed to make things worse	No, they really didn't help	Yes, they helped somewhat	Yes, they helped a great deal

6. Did you find the weekly goal setting activity to be effective?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

7. Did you find the educational information provided helpful?

1	2	3	4
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

8. What is one behavior you changed as a result of the program that you will continue to practice now that you have completed the Health Coach service?

9. Participation in the Health Coach service will or has improved my productivity.

1	2	3	4	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A

9a. If your productivity has increased, check the best estimate of the percent of increase:

- | | | |
|------------------|--------|-------------------|
| a) Less than 10% | d) 30% | g) 60% |
| b) 10% | e) 40% | h) More than 60% |
| c) 20% | f) 50% | i) Not applicable |

10. Participation in the Health Coach service will or has improved my health.

1	2	3	4	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A

11. Participation in the Health Coach service will or has improved my satisfaction with working at the University.

1	2	3	4	
Strongly Disagree	Disagree	Agree	Strongly Agree	N/A

12. Who was your health coach? _____

13. My coach was knowledgeable in the health behavior areas that I worked on.

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

14. My coach was effective in facilitating the development of my health improvement plan.

1	2	3	4
No, definitely not	No, not really	Yes, generally	Yes, definitely

Comments/suggestions: _____

REMINDER: Take your Health Risk Assessment again. It can be accessed from your HR self-service website.

Please return your completed survey to UI Wellness, liveWELL Program at 111 Communications Center. Thank you.