

Evaluation Form A

Employer Survey

1.	When did you start your Monday Campaigns programming? _____ MM/DD/YYYY
2.	Is/are your campaign(s) still underway? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'no', when did you end your Monday programming? _____ MM/DD/YYYY
3.	What is/was the focus of your Monday Campaigns programming? (Check all that apply) <input type="checkbox"/> Meatless Monday <input type="checkbox"/> The Kids Cook Monday <input type="checkbox"/> Healthy Monday <input type="checkbox"/> Move It Monday <input type="checkbox"/> Quit & Stay Quit Monday <input type="checkbox"/> DeStress Monday <input type="checkbox"/> Caregiver Monday <input type="checkbox"/> Man Up Monday <input type="checkbox"/> Other: _____
4.	What were your main goals for the program? (Select all that apply). For each goal that you selected, rate your perceived success. <input type="checkbox"/> To demonstrate management's commitment to employee health <input type="checkbox"/> Very successful <input type="checkbox"/> Successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not at all successful <input type="checkbox"/> Don't know <input type="checkbox"/> To bring health to the top of employees' minds <input type="checkbox"/> Very successful <input type="checkbox"/> Successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not at all successful <input type="checkbox"/> Don't know <input type="checkbox"/> To improve employee health <input type="checkbox"/> Very successful <input type="checkbox"/> Successful

	<input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not at all successful <input type="checkbox"/> Don't know <input type="checkbox"/> To lower healthcare costs for the company <input type="checkbox"/> Very successful <input type="checkbox"/> Successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not at all successful <input type="checkbox"/> Don't know <input type="checkbox"/> To increase productivity and morale at work <input type="checkbox"/> Very successful <input type="checkbox"/> Successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not at all successful <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____ <input type="checkbox"/> Very successful <input type="checkbox"/> Successful <input type="checkbox"/> Somewhat successful <input type="checkbox"/> Not at all successful <input type="checkbox"/> Don't know
5.	<p>Indicate the degree to which you agree with the statements below using the following scale: 4=strongly agree, 3=agree, 2=disagree, 1=strongly disagree.</p> <p>___ The Monday Campaigns programming had strong buy-in from senior leadership</p> <p>___ We received sufficient organizational resources to start and maintain the program (e.g., staff resources, funding, physical space)</p> <p>___ Employees were encouraged by our organization to participate in the campaign</p> <p>___ Employees participated in and were engaged with the campaign</p> <p>___ Campaign materials were easy to use and applicable to our employees</p>
6.	<p>Please indicate whether you used any of the following program resources in the Campaigns, how you used them, difficulty in implementing them, and their effectiveness in engaging employees.</p> <p>6.1. Did you use the Healthy Monday Newsletter? (YES/NO) If 'Yes':</p> <p>a. How did you primarily use it?</p> <p><input type="checkbox"/> Asked employees to sign up directly through the Healthy Monday</p>

website

Emailed the newsletter to employees

Other: _____

b. How difficult was it to implement?

Not at all difficult

Somewhat difficult

Very difficult

c. How effective was this program resource in engaging employees?

Not at all effective

Somewhat effective

Very effective

6.2. Did you use the **Healthy Monday website**? (YES/NO)

If 'Yes'

a. How did you primarily use it?

Recommended that employees visit the website themselves

Downloaded content from the website and sent it out to employees

Other: _____

b. How difficult was it to implement?

Not at all difficult

Somewhat difficult

Very difficult

c. How effective was this program resource in engaging employees?

Not at all effective

Somewhat effective

Very effective

6.3. Did you use the **Healthy Monday social media content**? (YES/NO)

If 'Yes'

a. How did you primarily use it?

Shared social media content from Healthy Monday on our company video channel

Downloaded social media content from the Healthy Monday website and reposted it on our company channel

Other: _____

b. How difficult was it to implement?

Not at all difficult

Somewhat difficult

Very difficult

c. How effective was this program resource in engaging employees?

Not at all effective

Somewhat effective

Very effective

6.4. Did you post **Healthy Monday messages/creative material** around your worksite? (YES/NO)

If 'Yes'

a. How did you use it? [Select all that apply]

Hung posters

Provided flyers/handouts

Broadcasted the material on digital displays

Other:

b. How difficult was it to implement?

Not at all difficult

Somewhat difficult

Very difficult

c. How effective was this program resource in engaging employees?

Not at all effective

Somewhat effective

Very effective

6.5. What other ways did you implement Healthy Monday in your worksite? (OPEN ENDED) _____

7. For each of the following specific campaigns you implemented, please indicate the activities performed, the level of difficulty implementing that campaign, and how effective the campaign was in changing employee behavior.

How, if at all, did you implement the following specific campaigns in your worksite?

7.1. Meatless Monday (MM): Yes No

a. Which MM activities did you implement? (Check all that apply)

- Encouraged employees to sign up for MM newsletter
- Distributed weekly recipe/other MM content directly
- Posted/re-posted social media content from MM channels
- Declared MM in your worksite dining area
- Organized group MM potlucks/meals
- Other: _____

b. How difficult was it to implement the MM activities?

- Not at all difficult
- Somewhat difficult
- Very difficult

c. How effective was MM in changing employee behavior?

- Not at all effective
- Somewhat effective
- Very effective

7.2. The Kids Cook Monday (TKCM): Yes No

a. Which TKCM activities did you implement? (Check all that apply)

- Encouraged employees to sign up for TKCM newsletter
- Distributed weekly dinner date recipe/other TKCM content
- Posted/re-posted social media content from TKCM channels
- Organized TKCM cooking demonstrations
- Other: _____

b. How difficult was it to implement the TKCM activities?

- Not at all difficult
- Somewhat difficult
- Very difficult

c. How effective was TKCM in changing employee behavior?

- Not at all effective
- Somewhat effective
- Very effective

7.3. Move It Monday/Monday Mile (MIM): Yes No

a. Which MIM activities did you implement? (Check all that apply)

- Encouraged employees to sign up for MIM newsletter
- Distributed weekly tips/other MIM content directly
- Posted/re-posted social media content from MIM channels
- Organized group MIM walks
- Organized group MIM activities
- Other: _____

b. How difficult was it to implement the MIM activities?

- Not at all difficult
- Somewhat difficult
- Very difficult

c. How effective was MIM in changing employee behavior?

- Not at all effective
- Somewhat effective
- Very effective

7.4. Quit & Stay Quit Monday (QSQM): Yes No

a. Which QSQM activities did you implement? (Check all that apply)

- Encouraged employees to sign up for QSQM newsletter
- Distributed weekly tips/other QSQM content directly
- Posted/re-posted social media content from QSQM channels
- Organized QSQM smoking cessation groups
- Other: _____

b. How difficult was it to implement the QSQM activities?

- Not at all difficult
- Somewhat difficult
- Very difficult

c. How effective was QSQM in changing employee behavior?

- Not at all effective
- Somewhat effective
- Very effective

7.5. DeStress Monday (DSM): Yes No

a. Which DSM activities did you implement? (Check all that apply)

- Encouraged employees to sign up for DSM newsletter
- Distributed weekly tips/other DSM content directly
- Posted/re-posted social media content from DSM channels
- Organized group yoga sessions
- Organized group meditations
- Other: _____

b. How difficult was it to implement the DSM activities?

- Not at all difficult
- Somewhat difficult
- Very difficult

c. How effective was DSM in changing employee behavior?

- Not at all effective
- Somewhat effective
- Very effective

8.	In your opinion, what was the impact of the Monday Campaigns programming on employees in the following areas: (Scale: 4= large impact, 3= moderate impact, 2= small impact, 1= no impact)	
	Eating less meat	
	Adopting a healthier diet	
	Cooking more with their children	
	Quitting tobacco use or staying quit	
	Becoming more physically active / moving more	
	Feeling less stressed	
	Becoming more involved in health promotion programs	
	Becoming more engaged in their work	
	Becoming more productive at work	

9.	In your opinion, what effect did the Monday Campaigns programming have on your workers' ...					
		Very Negative Effect	Negative Effect	No Effect	Positive Effect	Very Positive Effect
	Morale at work	<input type="checkbox"/>				

Job performance	<input type="checkbox"/>				
Satisfaction with their job	<input type="checkbox"/>				
Satisfaction with our organization	<input type="checkbox"/>				
Health	<input type="checkbox"/>				
Lifestyle	<input type="checkbox"/>				
Fitness level	<input type="checkbox"/>				

10. In your opinion, how successful was the Monday Campaigns in the past 12 months?

- Very successful
- Successful
- Unsuccessful
- Very unsuccessful

What were the biggest successes of the campaigns? _____

What were the biggest challenges you encountered? _____

Evaluation Form B

Employee Survey Pre-Test	
1.	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to disclose
2.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
3.	What are your health goals? (Select all that apply) <input type="checkbox"/> Improve my overall health <input type="checkbox"/> Eat less meat <input type="checkbox"/> Eat healthier <input type="checkbox"/> Cook more with my kids <input type="checkbox"/> Quit smoking <input type="checkbox"/> Get more exercise <input type="checkbox"/> Feel less stressed <input type="checkbox"/> Other: _____
4.	Please rate your agreement to each of the statements below using the following scale: 4=strongly agree, 3=agree, 2=disagree, 1=strongly disagree. ___ I feel confident that I can improve my health. ___ I feel motivated to improve my health habits. ___ I feel knowledgeable about how I can improve my health. ___ I feel like I have the skills needed to improve my health. ___ I see Monday as a day to dread. ___ I see Monday as a fresh start. ___ I see Monday like any other day. ___ A healthy start on Monday leads me to act healthier the rest of the week. ___ I feel more motivated to change my health behaviors on a Monday than any other day of the week. ___ If I engage in unhealthy behaviors over the weekend, I use Monday to get back on track with my health goals.

5.	<p>On average, how many servings of meat do you eat each day?</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1-2</p> <p><input type="checkbox"/> 3-4</p> <p><input type="checkbox"/> 5+</p>
6.	<p>How many days of the week do you eat a healthy diet?</p> <p><input type="checkbox"/> 0 days/week</p> <p><input type="checkbox"/> 1-3 days/week</p> <p><input type="checkbox"/> 4-6 days/week</p> <p><input type="checkbox"/> Every day</p>
7.	<p>How many days of the week do you cook and eat with family members?</p> <p><input type="checkbox"/> 0 days/week</p> <p><input type="checkbox"/> 1-3 days/week</p> <p><input type="checkbox"/> 4-6 days/week</p> <p><input type="checkbox"/> Every day</p>
8.	<p>On average, how many cigarettes do you smoke each day?</p> <p><input type="checkbox"/> I don't smoke</p> <p><input type="checkbox"/> 1-9</p> <p><input type="checkbox"/> 10-19</p> <p><input type="checkbox"/> 20 or more</p>
9.	<p>How many days each week do you get moderate to vigorous physical activity? (e.g., brisk walking, swimming, yard work, stair climbing)</p> <p><input type="checkbox"/> 0 days/week</p> <p><input type="checkbox"/> 1-3 days/week</p> <p><input type="checkbox"/> 4-6 days/week</p> <p><input type="checkbox"/> Every day</p>
10.	<p>How well do you handle stress at work?</p> <p><input type="checkbox"/> I'm usually able to cope effectively</p> <p><input type="checkbox"/> At times I have problems coping</p> <p><input type="checkbox"/> I often have problems coping</p>
11.	<p>What is the best way to get health information to you? (Select all that apply)</p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Social media</p> <p><input type="checkbox"/> Posters</p>

- Group activities
- Other: _____

Evaluation Form C

Employee Survey Post-Test						
1.	Age: <ul style="list-style-type: none"> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to disclose 					
2.	Gender: <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose 					
3.	Did you participate in the Monday Campaign(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select the Monday Campaign(s) you participated in. (Select all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Healthy Monday <input type="checkbox"/> Meatless Monday <input type="checkbox"/> Kids Cook Monday <input type="checkbox"/> Quit & Stay Quit Monday <input type="checkbox"/> Move It Monday <input type="checkbox"/> DeStress Monday 					
4.	Rate the helpfulness of the following elements for each campaign you engaged in.					
		Not helpful at all	A little helpful	Helpful	Very helpful	Did not use
	Newsletter	<input type="checkbox"/>				
	Website	<input type="checkbox"/>				
	Social media	<input type="checkbox"/>				
	Posters	<input type="checkbox"/>				
	Group activities	<input type="checkbox"/>				
	Other: _____	<input type="checkbox"/>				
5.	Please rate your agreement to each of the statements below using the following scale: 4=strongly agree, 3=agree, 2=disagree, 1=strongly disagree.					
	___ I feel confident that I can improve my health.					
	___ I feel motivated to improve my health habits.					
	___ I feel knowledgeable about how I can improve my health.					

	<input type="checkbox"/> I feel like I have the skills needed to improve my health. <input type="checkbox"/> I see Monday as a day to dread. <input type="checkbox"/> I see Monday as a fresh start. <input type="checkbox"/> I see Monday like any other day. <input type="checkbox"/> A healthy start on Monday leads me to act healthier the rest of the week. <input type="checkbox"/> I feel more motivated to change my health behaviors on a Monday than any other day of the week. <input type="checkbox"/> If I engage in unhealthy behaviors over the weekend, I use Monday to get back on track with my health goals.
6.	<p><i>[Relevant items will come up based on which campaign were selected from Q3]</i></p> <p>Rate the items below based on health changes since the start of the program using the following scale: 4=strongly agree, 3=agree, 2=disagree, 1=strongly disagree.</p> <ul style="list-style-type: none"> <input type="checkbox"/> My overall health has improved <input type="checkbox"/> I eat less meat <input type="checkbox"/> I eat healthier <input type="checkbox"/> I cook more with my kids <input type="checkbox"/> I quit smoking <input type="checkbox"/> I get more exercise <input type="checkbox"/> I feel less stressed
<i>[Relevant items for the next 6 question will come up based on what is selected from Q3]</i>	
7.	<p>On average, how many servings of meat do you eat each day?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+
8.	<p>How many days of the week do you eat a healthy diet?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 4-6 days/week <input type="checkbox"/> Every day
9.	<p>How many days of the week do you cook and eat with family members?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days/week <input type="checkbox"/> 1-3 days/week <input type="checkbox"/> 4-6 days/week <input type="checkbox"/> Every day

10. On average, how many cigarettes do you smoke each day?

I don't smoke

1-9

10-19

20 or more

11. How many days each week do you get moderate to vigorous physical activity? (e.g., brisk walking, swimming, yard work, stair climbing)

0 days/week

1-3 days/week

4-6 days/week

Every day

12. How well do you handle stress at work?

I'm usually able to cope effectively

At times I have problems coping

I often have problems coping

13. How effective do you feel the Monday Campaigns programming was at changing your overall health behaviors?

Not at all effective

A little effective

Effective

Very effective

14. What effect did the Monday Campaign(s) have on your...

	Very Negative Effect	Negative Effect	No Effect	Positive Effect	Very Positive Effect
Morale at work	<input type="checkbox"/>				
Job performance	<input type="checkbox"/>				
Satisfaction with your job	<input type="checkbox"/>				
Satisfaction with our organization	<input type="checkbox"/>				
Health	<input type="checkbox"/>				
Lifestyle	<input type="checkbox"/>				

Fitness level

15. Do you plan to continue to practice Healthy Monday activities on your own now that the campaign is over?

Yes No

If YES, what are your plans? _____

16. Would you participate in another Monday campaign?

Yes No

Why or why not? _____

17. How satisfied were you with the Monday Campaigns?

- Very Satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

18. Please use the space below to write how we could improve campaign elements.