COMMUNITY HEALTH AND MOBILITY PARTNERSHIP (CHAMP)
SURVEY

We are seeking feedback about the CHAMP program, which includes screening of blood pressure, muscle strength, balance, and mobility, along with recommendations for exercise.

Have you ever participated in a CHAMP screening event? (please check the appropriate box) ☐ YES ☐ NO

If you answered "yes" to this question, we would appreciate your feedback! Your responses will help us determine how well the program has been working and how it can be improved. Your responses will be anonymous, so please do not write your name anywhere on the survey. Thank you very much for your feedback!

To complete the survey:

- **Be sure to read all the answer choices before marking your answer.**

- **Answer each question by putting a legible check mark or "X" in the box to the left of your answer, like this:**

  ☑ **OR** ☒

- **Please answer every question, and please check only <u>ONE</u> answer per question.**

1. **How would you rate the CHAMP program overall?**
   - ☐ **Excellent**
   - ☐ **Very Good**
   - ☐ **Good**
   - ☐ **Fair**
   - ☐ **Poor**

2. **How satisfied are you with your experience as a participant in the CHAMP program?**
   - ☐ **Completely Satisfied**
   - ☐ **Mostly satisfied**
   - ☐ **Somewhat satisfied**
   - ☐ **A little satisfied**
   - ☐ **Not at all satisfied**

PLEASE TURN TO THE BACK OF THIS PAGE TO CONTINUE THE SURVEY

3. **How well did the health care providers at CHAMP work together to assess and make recommendations for you?**
   - ☐ **Extremely well**
   - ☐ **Very well**
   - ☐ **Somewhat well**
   - ☐ **Not so well**
   - ☐ **Not well at all**

4. **How do you feel about having health care students (physical therapy and nursing students) involved with the CHAMP program?**
   - ☐ **Strongly positive**
   - ☐ **Positive**
   - ☐ **Neutral**
   - ☐ **Negative**
   - ☐ **Strongly negative**

5. **Please rate your level of agreement with the following statement: "I have benefitted physically (for example, with better strength, balance, walking, or overall health) from my participation in CHAMP".**
   - ☐ **Strongly agree**
   - ☐ **Agree**
   - ☐ **Neutral**
   - ☐ **Disagree**
   - ☐ **Strongly disagree**

6. **What were the two BEST things about your CHAMP experience?**

7. **What were two things about your CHAMP experience that could have been better?**

Any additional comments or suggestions for improvement?