UCLA Healthy Campus Initiative Intercept Survey

Instructions: Select at least 1 GSR member to ask participants for their feedback during the event/program. The GSR should randomly ask attendees (e.g. every 10th person) if they are willing to respond to a brief survey about their experience at the event/program. Participants should be informed that the survey is voluntary and that they may skip questions or withdraw at any time. They should also be told that the survey will not involve the collection of any personal identifiers and that their responses will only be used to evaluate the effects of HCI events/programs. The GSR will ask willing participants the survey questions and write down their responses.

1. Please indicate which gender you identify with the most.
   □ Male    □ Female    □ Other: ___________________    □ Prefer not to state

2. What is your UCLA affiliation?
   □ Undergraduate student    □ Graduate student    □ Professional student    □ Faculty
   □ Staff    □ Other: ___________________    □ Prefer not to state

3. Please indicate your year in school.
   □ 1st    □ 2nd    □ 3rd    □ 4th    □ 5th    □ Other:___________    □ Prefer not to state

4. What is your race/ethnicity?
   □ White    □ African American    □ Latino    □ Asian    □ Pacific Islander
   □ Native American    □ Mixed race    □ Other:_____________    □ Prefer not to state

5. How did you hear about this event/program? ______________________________________________

To what extent do you agree with the following statements?

6. By attending this event/program, I gained knowledge and/or skills that will benefit my overall health and well-being.
   □ Strongly agree    □ Agree    □ Neutral    □ Disagree    □ Strongly disagree    □ Prefer not to state

7. I would attend a similar event/program in the future.
   □ Strongly agree    □ Agree    □ Neutral    □ Disagree    □ Strongly disagree    □ Prefer not to state

8. How likely are you to apply the knowledge and/or skills you gained from attending this event/program in your life?
   □ Extremely likely    □ Likely    □ Neutral    □ Unlikely    □ Extremely unlikely    □ Prefer not to state

8a. If you are at all likely to apply the knowledge and/or skills you gained from attending this event/program in your life, briefly describe how you intend to do so.
   ____________________________________________________________
   ____________________________________________________________

9. Briefly describe what you liked or disliked about this event/program.
   ____________________________________________________________