

Participant Evaluation Form: The Basics of Diabetes and Medications
(Circle Month): April June September November

CLASS EVALUATION: (please complete the following questions to evaluate the class you attended today)

1. How useful was this class in helping you to manage your diabetes?
Not at all useful Not very useful Somewhat useful Useful Very useful
2. What was particularly useful about the class?
3. What could be improved about the class?
4. How effective was the use of teleconferencing equipment for delivering this educational program?
Not at all effective Not very effective Somewhat effective Effective Very effective
5. Please list one of two things you learned in this class that you did not know before coming.
6. Are there additional topics you would like us to cover in the classes?

AREAS FOR PERSONAL IMPROVEMENT: (Complete only if you have diabetes)

7. How much do you think you need to improve in each of the areas that were discussed in this class?

Medication

Not at all Very little Somewhat A fair amount A lot Doesn't apply to me

Foot care

Not at all Very little Somewhat A fair amount A lot Already doing this

Treatment of low blood glucose

Not at all Very little Somewhat A fair amount A lot Doesn't apply to me

PERSONAL GOALS FOR SELF-MANAGEMENT (Complete only if you have diabetes)

8. What personal goal(s) are you going to work on? Be as specific as possible.
