Participant Evaluation Form: The Basics of Diabetes

(Circle Month): April  June  October

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 thing 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
   [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

   Physical Activity
   Not at all  Very little  Somewhat  A fair amount  A lot  Already doing this
   [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

   Foot Care
   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.

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Thank you for attending this class! We look forward to seeing you at future classes.