Participant Evaluation Form: The Basics of Diabetes

(Circle Month): April June October

CI	LASS EVAL	UATION: (pleas	e complete the	following questions to	evaluate the cl	lass you attended today)	
1.	How useful was this class in helping you to manage your diabetes?						
	Not at all use		ry useful	Somewhat useful	Useful	Very useful	
]				
2.	What was particularly useful about the class?						
3.	What could I	What could be improved about the class?					
4.	How effective Not at all eff		teleconferencinery effective	ng equipment for delive Somewhat effective	ering this educa Effective	ational program? Very effective	
5.	Please list one thing you learned in this class that you did not know before coming.						
	Are there additional topics you would like us to cover in the classes?						
AREAS FOR PERSONAL IMPROVEMENT: (Complete only if you have diabetes)							
/.	How much do you think you need to improve in each of the areas that were discussed in this class?						
	Medication	Vary little	Comovibo	t A fair am aven	4 A 1o4	Dogge't apply to ma	
	Not at all	Very little	Somewha	_		Doesn't apply to me	
	Physical Ac	⊔ tivitv		Ц			
	· ·	•	Somewha	t A fair am aven	4 A 1o4	Almody doing this	
	Not at all	Very little			t A lot □	Already doing this	
	Foot Care	Ц			П		
	Not at all	Very little	Somewha	t A fair amoun	t A lot	Doesn't apply to me	
ΡF	ERSONAL G	OALS FOR SE	LF-MANAGI	EMENT (Complete o	nly if you have	e diabetes)	
8.	What personal goal(s) are you going to work on? Be as specific as possible.						