

Participant Evaluation Form: Healthy Eating Lifestyle Changes

(Circle Month): April June October

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

- How useful was this class in helping you to manage your diabetes?
Not at all useful Not very useful Somewhat useful Useful Very useful
- What was particularly useful about the class?
- What could be improved about the class?
- 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
- 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 improve in each of the areas that were discussed in this class?

Increasing healthy food choices (vegetables, whole grains, healthy fats)

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

Reducing less healthful food choices (refined starches/sugars, unhealthy fats, high sodium)

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

Using portion control strategies

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

Developing SMART goals to improve eating behaviors

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

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

- What personal goal(s) are you going to work on? Please be as specific as possible.

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