

Participant Evaluation Form: Nutrition Basics

(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 to improve in each of the areas discussed in this class?

Eating healthy carbohydrates

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

Serving sizes of carbohydrates

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

Planning Healthy Meals (Plate Method)

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

Eating a similar amount of carbohydrate at each meal (Carbohydrate Counting)

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? Be as specific as possible.

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

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