Participant Evaluation Form: Nutrition Basics

(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 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)

8. 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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