

Participant Evaluation Form: Diabetes Self-Management Skills

(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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 improve in each of the areas that were discussed in this class?

Blood Glucose Monitoring

Not at all	Very little	Somewhat	A fair amount	A lot	Already doing this
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood Glucose Pattern Management

Not at all	Very little	Somewhat	A fair amount	A lot	Already doing this
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Following Sick Day Guidelines

Not at all	Very little	Somewhat	A fair amount	A lot	Already doing this
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stress Management

Not at all	Very little	Somewhat	A fair amount	A lot	Already doing this
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

8. 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.