



Class Date: \_\_\_\_\_ Class Type:  One-Day  Series Site: \_\_\_\_\_

Please rate the program by circling the appropriate number by each topic.

**Was the following information useful?**

*Not Useful*

*Very Useful*

1	2	3	4	5	Blood Glucose Finger Stick
1	2	3	4	5	Diabetes Overview
1	2	3	4	5	Carbohydrate Counting and Diabetes Management
1	2	3	4	5	Reading Food Labels
1	2	3	4	5	Exercise Program/Information
1	2	3	4	5	Medications/Insulin
1	2	3	4	5	Complications in Diabetes
1	2	3	4	5	Goal Setting

**To what extent do you agree with the following statements?**

*Strongly Disagree*

*Strongly Agree*

1	2	3	4	5	Location was convenient.
1	2	3	4	5	The facilities were clean and pleasant.
1	2	3	4	5	The videos/slides were helpful.
1	2	3	4	5	This program has changed how I plan to manage diabetes.

**Please comment regarding the program.**

What did you like about the program?

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What would you like to see added and/or deleted?

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How did you hear about this program?

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Would you refer this program to others?

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What can we do to help you make your follow-up appointment more convenient?

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What would prevent you from keeping your follow-up appointment?

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