

Course Evaluation Form

Name _____ Age _____

Address _____ City _____

Phone _____ E-mail _____

1. My expectations for this course were:

Not met

Met

Exceeded

2. How much did you learn?

Check the box you think best represents how much new information you learned about the components of diabetes self-management in this course.

- How to make recipes healthier (Class 1) _____ Did not attend
____ Nothing new
____ Very little new information
____ Quite a bit of new information
____ A great deal of new information
- Use food labels and the exchange list to plan meals (Class 2) _____ Did not attend
____ Nothing new
____ Very little new information
____ Quite a bit of new information
____ A great deal of new information
- How to use herbs, spice and vegetables to flavor foods (Class 3) _____ Did not attend
____ Nothing new
____ Very little new information
____ Quite a bit of new information
____ A great deal of new information
- Portion size and what a portion looks like (Class 4) _____ Did not attend
____ Nothing new
____ Very little new information
____ Quite a bit of new information
____ A great deal of new information

- How to get more fiber in your meal plan and why it is important
 - ___ Nothing new
 - ___ Very little new information
 - ___ Quite a bit of new information
 - ___ A great deal of new information
- The importance of eating a variety of fruits and vegetables to meet daily vitamin and mineral recommendations
 - ___ Nothing new
 - ___ Very little new information
 - ___ Quite a bit of new information
 - ___ A great deal of new information

3. As a result of participating in this class, did you make any changes in any of the following? Please check "yes" or "no"

- How you prepare recipes
 - Yes
 - No
- How you plan your meals
 - Yes
 - No
- More variety in the fruits and vegetables you eat
 - Yes
 - No
- Portion sizes
 - Yes
 - No
- Using herbs, spices, citrus and vegetables to flavor food
 - Yes
 - No
- Other (Please comment):

Not at all 1 2 3 4 5 6 7 8 9 10 Completely confident

- I will use a shopping list for groceries

Please describe: _____

As of right now, how confident are you that you can make this change?

Not at all 1 2 3 4 5 6 7 8 9 10 Completely confident

- I will use correct portion sizes for the foods I eat

Please describe: _____

As of right now, how confident are you that you can make this change?

Not at all 1 2 3 4 5 6 7 8 9 10 Completely confident

- I will decrease the fats and/or sodium in my foods

Please describe: _____

As of right now, how confident are you that you can make this change?

Not at all 1 2 3 4 5 6 7 8 9 10 Completely confident

- I do not plan to make any changes.

Thank you! Please return this form to the instructor.