

This product was developed by the Focus on Diabetes project at the Center for African American Health in Denver, CO. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

Self- Management Class Feedback Form

Diabetes Support Group

As part of their Diabetes Project, the Center for African American Health is planning to develop support groups, where people with diabetes can meet and discuss current diabetes topics, share knowledge, have speakers, and to share, recipes, self management goals, get encouragement, etc.

1. Would you attend a diabetes support group?	YES	NO			
2. If YES, how often would you attend	1 time per month	2 times per month	3 times per month	4 times per month	N/A
3. Would you come to the MDBC I offices? (Clayton College Campus)	YES	NO			
4. Would you come to another location in this same neighborhood?	YES	NO			
5. Do you have transportation?	YES	NO			
6. What would you like for a support group to provide?	Please write in the space below.				

Six Week Diabetes Self Management Course

The MDBC I and the Visiting Nurses Association is planning another 6 week Diabetes Self Management Course.

7. Do you have diabetes?	YES	NO			
8. Is your spouse or do you have a family member who has diabetes?	YES	NO			
9. Would you recommend this course to your friends, family and associates?	YES	NO	If NO, please indicate why not in the space below.		
10. Do you know people who could benefit from this course?	YES	NO			
11. Would you have paid a small fee to attend this course? Circle Answers.	YES	NO	\$10.00	\$15.00	\$20.00
12. Was the course length at, 2 hours...	Too Long	Too Short	About Right		
13. Was the time, from 6:00-8:00 pm, a good time for you?	YES	NO			
14. What is another good time for you, or a better time for you? Please write in space provided.					
15. Was 1 time per week for 6 weeks...	Too Long	Too Short	About Right		
16. How many weekly sessions did you attend?	All (6)	2	3	4	5
17. What would improve this course?					

Self- Management Class Feedback Form

Six Week Diabetes Self Management Course

18. Did the classes add to your information/knowledge about diabetes?	YES	NO			
19. What would you like to have spent more time on? Circle all that apply or write in your answer below.	Medicines & Supplies	Helpful Effects of Physical Activity	Cooking Demo's	How Diabetes Affects the Body	Weight Control

Behavior Changes

As a result of attending these classes how do you plan to change how you take care of yourself.

20. I will cook healthier meals.	YES	NO			
21. I will eat more fruits and vegetables.	YES	NO			
22. I will monitor my blood sugar levels more often.	Will monitor daily	Will monitor daily and record.	1 more times per day	2 more times per day	3 more times per day
23. I will increase my physical activity.	YES	NO			
24. I will wear my step counter.	YES	NO	Don't have a step counter.		
25. I will write down my concerns and questions the next time I go to the doctor and discuss them.	YES	NO			
26. I will discuss all medications, vitamins and supplements with my doctor.	YES	NO			

Instructors

This section evaluates all the instructors and materials.

	Excellent	Above average	Average	Below Average	Poor
27. Did the instructors appear to be prepared?					
28. Were the instructors knowledgeable?					
29. Were the instructors easy to understand?					
30. Do you feel your questions were answered?					
31. How would you rate the materials, (Tapes, slides, books, handouts, etc?)					

I am interested in receiving additional information about diabetes programs and activities from the MDBCI.

Optional
Name:
Address:
City, State, Zip
Phone