

Take Action Program evaluation

Class location \_\_\_\_\_

Please check the answer that is best

1. The Take Action, A Diabetes Self-management Program gave me:

- A lot of new information about diabetes
- Some new information about diabetes
- No new information about diabetes

2. The program was

- Too long
- About right
- Need more time

3. The notebook

- Easy to understand
- Had too much information
- Did not have enough information

4. The Diabetic Record

- Is helpful and I will use it
- I will not use it

5. Setting goals and writing action plans

- Helped me to work on changing how I take care of my diabetes
- Was not useful

6. Were the hands on and visual materials helpful

- Yes
- No

Please check all the apply

7. Check the topics of the classes you attended

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> What is Diabetes | <input type="checkbox"/> High/Low Blood Sugar | <input type="checkbox"/> Coping with Diabetes |
| <input type="checkbox"/> Taking Control   | <input type="checkbox"/> Complications        | <input type="checkbox"/> Stress               |
| <input type="checkbox"/> Ready for Change | <input type="checkbox"/> Sick Days            | <input type="checkbox"/> Exercise             |
| <input type="checkbox"/> Action Plans     | <input type="checkbox"/> Nutrition            | <input type="checkbox"/> Medication           |

8. Of the classes you attended check the ones that gave too much information

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> What is Diabetes | <input type="checkbox"/> High/Low Blood Sugar | <input type="checkbox"/> Coping with Diabetes |
| <input type="checkbox"/> Taking Control   | <input type="checkbox"/> Complications        | <input type="checkbox"/> Stress               |
| <input type="checkbox"/> Ready for Change | <input type="checkbox"/> Sick Days            | <input type="checkbox"/> Exercise             |
| <input type="checkbox"/> Action Plans     | <input type="checkbox"/> Nutrition            | <input type="checkbox"/> Medication           |

9. Of the classes you attended check the ones that you would like more information about

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> What is Diabetes | <input type="checkbox"/> High/Low Blood Sugar | <input type="checkbox"/> Coping with Diabetes |
| <input type="checkbox"/> Taking Control   | <input type="checkbox"/> Complications        | <input type="checkbox"/> Stress               |
| <input type="checkbox"/> Ready for Change | <input type="checkbox"/> Sick Days            | <input type="checkbox"/> Exercise             |
| <input type="checkbox"/> Action Plans     | <input type="checkbox"/> Nutrition            | <input type="checkbox"/> Medication           |

10. Have you made changes in how you take care of your diabetes since starting this class?

- Yes  
 No

11. If yes, in what areas have you made changes?

- |   |   |
|---|---|
| <input type="checkbox"/> Checking blood sugar   | <input type="checkbox"/> Plan meals   |
| <input type="checkbox"/> Using the blood sugar to plan for meals and exercise                         | <input type="checkbox"/> Use a shopping list  |
| <input type="checkbox"/> Carrying a quick sugar   | <input type="checkbox"/> Read labels  |
| <input type="checkbox"/> Know when blood sugar is low   | <input type="checkbox"/> Eat smaller portions                                       |
| <input type="checkbox"/> Know what to do for high blood sugar   | <input type="checkbox"/> Eat healthier  |
| <input type="checkbox"/> Carrying diabetes ID   | <input type="checkbox"/> Eat at least 3 times a day (or smaller amounts more often) |
| <input type="checkbox"/> Make an appointment to get screening tests done (A1c, urine, LEAP, eye exam) | <input type="checkbox"/> Talked to provider about depression                        |
| <input type="checkbox"/> Have a sick day plan   | <input type="checkbox"/> Try new ideas to better cope with stress                   |
| <input type="checkbox"/> Check feet every day   | <input type="checkbox"/> Take medicine as ordered                                   |
| <input type="checkbox"/> Exercise   |   |

12. Have you taken diabetes classes before?

Yes

NO

13. The instructor was well prepared?

Yes

No

What suggestions do you have for changes in the class?

14. Written material:

15. Length of the class: (What information would you take out or add)

16. Other

17. Would you recommend the class to family or friends?