***[SAMPLE]***

**Class Participant Feedback Form**

We are evaluating the program. Please give your honest feedback. This information will be used to help improve the program and make sure it meets the needs of people with diabetes.

***[Perceived usefulness of potential class topics and materials]***

1. How useful were each of the following topics and materials in the program? (circle your response)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not**  **useful** | **Somewhat useful** | **Useful** | **Very**  **useful** |
| **Topics** | | | | |
| Diabetes overview | 1 | 2 | 3 | 4 |
| Checking blood glucose | 1 | 2 | 3 | 4 |
| Medications and insulin | 1 | 2 | 3 | 4 |
| Nutrition and meal plan | 1 | 2 | 3 | 4 |
| Carbohydrate counting | 1 | 2 | 3 | 4 |
| Physical activity | 1 | 2 | 3 | 4 |
| Managing high/low blood glucose | 1 | 2 | 3 | 4 |
| Stress management | 1 | 2 | 3 | 4 |
| Handling sick days | 1 | 2 | 3 | 4 |
| Diabetes complications | 1 | 2 | 3 | 4 |
| Foot care | 1 | 2 | 3 | 4 |
| Emergency planning | 1 | 2 | 3 | 4 |
| **Materials** |  |  |  |  |
| Videos and slides | 1 | 2 | 3 | 4 |
| Handouts and other resources | 1 | 2 | 3 | 4 |
|  |  |  |  |  |
|  |  |  |  |  |

***[Participant rating of program components]***

1. Overall, how would you rate the program? (Circle your response.)

Poor Fair Good Excellent

1. What did you like most about the program?

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Please rate your satisfaction with the following: (Circle your response. Additional comments are welcome.)

1. Snacks and meals: Poor Fair Good Excellent

1. Location/facility: Poor Fair Good Excellent

1. Staff: Poor Fair Good Excellent

1. Registration process: Poor Fair Good Excellent

1. Program Schedule Poor Fair Good Excellent

(date, time, length of class)

1. What would you like to see added and/or changed in the program?

***[Participant consumption of food packages. These questions may be included if food packages are provided to participants]***

This last set of questions is about the [*number*] food packages you received as part of the program. Circle your response.

1. Thinking about these [*number*] food boxes, how satisfied have you been with:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied | Dissatisfied | Neither Satisfied or Dissatisfied | Satisfied | Very satisfied |
| Overall food package | 1 | 2 | 3 | 4 | 5 |
| The type of food you get | 1 | 2 | 3 | 4 | 5 |
| How much food you get | 1 | 2 | 3 | 4 | 5 |
| The quality of the food you get | 1 | 2 | 3 | 4 | 5 |

1. Thinking about the food in your diabetes food boxes, how often do you or your family cook or eat:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Never | Sometimes | Always |
| All or most of the **food** in the food box | 1 | 2 | 3 |
| All or most of the **fresh fruit** | 1 | 2 | 3 |
| All or most of the **fresh** **vegetables** | 1 | 2 | 3 |

1. Please share any comments or feedback you have on the food packages.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you***