

HEALTHY U WORKSHOP PARTICIPANT EVALUATION

Workshop Location _____

Thank you for participating in the Healthy U Workshop! We would appreciate your taking time to complete this brief evaluation. It will help us understand if and how the workshops have been helpful to you.

Please rate how well you think the Healthy U workshop:

- a) Improved your knowledge of how to manage your diabetes or other chronic disease

4	3	2	1
A lot	A little	Not much	Not at all

- b) Improved your knowledge of how to communicate with your health care providers

4	3	2	1
A lot	A little	Not much	Not at all

- c) Improved your confidence in managing your diabetes or other chronic disease

4	3	2	1
A lot	A little	Not much	Not at all

Please describe whether you have made any changes in maintaining or improving your health as a result of being in the Healthy U workshop.

	Stayed the same	Changes (indicate what change you made)	N/A
Diet	_____	_____	_____
Exercise	_____	_____	_____
Monitoring blood sugar	_____	_____	_____
Managing stress	_____	_____	_____
Setting health goals	_____	_____	_____
Monitoring blood pressure	_____	_____	_____

Since you began participating in this program, has your blood pressure:

Stayed the same _____ Improved _____ Got worse _____ N/A _____

Other outcomes (please describe)

Please indicate your level of satisfaction with the workshop logistics (location, time, etc.).

- | | | | |
|-------|----------|----------|------------|
| 4 | 3 | 2 | 1 |
| A lot | A little | Not much | Not at all |

What could be done to improve the workshops? _____

Comments: _____

Thank you!