

Take Charge of our Diabetes Plus Participant Follow-Up Survey

Participant Number or Name: _____

Workshop ID: _____ **Site Name:** _____

Start date of program: _____ / _____ / _____ (e.g., 05/01/24)

1. In general, would you say that your health is?

Excellent
 Very Good
 Good
 Fair
 Poor

2. How sure are you that you can manage your condition so you can do the things you need and want to do?

Totally unsure 1 2 3 4 5 6 7 8 9 10 Totally sure

3. Since this program ended, what have you done to manage your chronic condition(s)? **Check all that apply.**
 - Talked to a family member or friend about my health
 - Talked to a healthcare provider about how I can better manage my chronic condition
 - Had my medications reviewed by a healthcare provider or pharmacist
 - Started or continued to exercise
 - Made changes to how I choose the food I eat
 - Participate in or plan to participate in another health-related or exercise program in my community

4. How would you rate your overall satisfaction with the quality of the program?

Very Dissatisfied
 Dissatisfied
 Okay
 Satisfied
 Very Satisfied

5. Since this program ended, I have applied the skills I learned in this program to: **Check all that apply.**

<input type="checkbox"/>	Manage emotions like stress, depression, anger, fear, or frustration
<input type="checkbox"/>	Manage pain, fatigue, or other symptoms of my chronic condition(s)
<input type="checkbox"/>	Increase my strength, flexibility, endurance, or overall physical fitness
<input type="checkbox"/>	Make a medication list that includes all current medications, dosages, and dates started
<input type="checkbox"/>	Solve a problem or issue I was experiencing in my life
<input type="checkbox"/>	Help someone else use a technique I learned in this program

6. How successful are you with your POST-Program SMART goal?
 Always Often Sometimes Rarely Never- What were some of the issues?

7. Did you follow through with recommendations? Yes No- If not, why?

8. Write one example of how you used what you learned about diabetes in your workshop:

9. What has changed in your diabetes care since the workshop?

10. Please provide any additional information you wish to share:
