Course Evaluation Form

Name		A	ge
Address		C	ity
Phone		E-mail	
1. My expe	ctations for th	is course were:	
	lot met	🗆 Met	DExceeded
Check th	ch did you learn ne box you think ne components o	n? best represents how muc f diabetes self-manageme	ch <u>new informatio</u> n you learned ent in this course.
-	Nothing new Very little n Quite a bit		Did not attend
a 	ttend Nothing nev Very little r Quite a bit	v	an meals (Class 2) Did not
n 	ot attend Nothing nev Very little i Quite a bit		flavor foods (Class 3)Did
◆ F	Nothing Very litt		(Class 4) Did not attend

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This product was developed by the Galveston: Take Action project at the Galveston County Health District in Texas City, TX with support from the Robert Wood Johnson Foundation® in Princeton, NJ.

- How to get more fiber in your meal plan and why it is important
 - ____ Nothing new
 - _____ Very little new information
 - ____ Quite a bit of new information
 - _____ A great deal of new information
- The importance of eating a variety of fruits and vegetables to meet daily vitamin and mineral recommendations
 - ____ Nothing new
 - ____ Very little new information
 - ____ Quite a bit of new information
 - _____ A great deal of new information
- 3. As a result of participating in this class, did you make <u>any changes</u> in any of the following? Please check "yes" or "no"
- How you prepare recipes
 - □Yes
 - D No
- How you plan your meals
 - Dyes
 - 🗆 No
- More variety in the fruits and vegetables you eat
 - □Yes
 - □ No
- Portion sizes
 - Dyes
 - D No
- Using herbs, spices, citrus and vegetables to flavor food
 - Dyes
 - D No
- Other (Please comment):

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 6. I would recommend				0					
☐ Yes 7. Other comments: 8. Rate Your Diabet				0					
8. Rate Your Diabet			/16						
8. Rate Your Diabet			710						
	es Mana	igemer	*						
sugar and reduce meals on a regular that you can do th	complica basis? (tions. Circle	feren How o the n	confid umber	ent ar • that	e you corre	that y spond:	ou car	n plan healthy
Not at all 1 a confident	2 3	4	5	6	7	8	9	10	Completely confident
9. In addition to any <u>any changes</u> as a			-		Iready	/ mad	e, <u>do</u>	you pl	lan to make
 Look at all the blank if this is 					the b	oxes t	hat ap	ply to	you. Leave it

I will plan my healthy and balanced meals Please describe:

As of right now, how confident are you that you can make this change?

Evaluation Form

Not at all confide	1	2	3	4	5	6	7	8	9	10	Completely confident
I will use a	shop	ping	list f	or gr	oceri	es					
Please desc	ribe	:									
As of right	now	, how	cont	fident	t are	you ti	hat yo	ou car	n mak	e this	change?
Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
I will use c	orre	ct po	rtion	sizes	for	the f	oods 1	I eat			
Please des	cribe	:									
As of right	now	r, hov	v con	fiden	t are	you t	hat y	ou ca	n mak	e this	s change?
Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
						25 W					
] I will decre	ease	the 1	tats a	ina/o	r sod	ium ir	n my f	oods			
I will decre Please des											
	cribe	2:								ke this	s change?

□ I do not plan to make any changes.

Thank youl Please return this form to the instructor.

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