

# After Program

FOR THE NATIONAL DPP

## Survey



PLEASE DO NOT PUT YOUR NAME ON THIS FORM.

The questions on this survey are to help us better understand our class members and the effect our program has on them. Please completely fill in the circles for your answers.

<b>Physical Activity</b>	Yes	No
During the yearlong program, I <b>INCREASED</b> the amount of physical activity I complete each week.	<input type="radio"/>	<input type="radio"/>
I now complete the recommended amount of physical activity each week ( <b>150 minutes of moderate activity or 75 minutes of vigorous activity.</b> )	<input type="radio"/>	<input type="radio"/>
Physical activity is now a part of my regular weekly routine.	<input type="radio"/>	<input type="radio"/>

<b>Nutrition</b>	Yes	No
During the yearlong program, I <b>INCREASED</b> the amount of fruits and vegetables I consume each day.	<input type="radio"/>	<input type="radio"/>
I follow the “myplate” recommendations and generally make healthy food decisions.	<input type="radio"/>	<input type="radio"/>
The dietary changes I have made will <b>REDUCE</b> my risk for developing diabetes.	<input type="radio"/>	<input type="radio"/>

<b>Weight Loss</b>	Yes	No
During the yearlong program, I <b>met my weight loss goal.</b>	<input type="radio"/>	<input type="radio"/>
If yes, explain what you felt <b>contributed</b> most to your success. _____ _____ _____		
If not, explain what you felt your <b>barriers</b> were. _____ _____		

- Continued on the next page -

<b>Overall Course Satisfaction</b>	Yes	No
I would recommend this course to others.	<input type="radio"/>	<input type="radio"/>
The class kept me involved and interested.	<input type="radio"/>	<input type="radio"/>
I will be able to use what I learned in my life.	<input type="radio"/>	<input type="radio"/>

<b>Satisfaction Continued</b>	Excellent	Good	Fair	Poor
Before the course began I thought it would be:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My overall opinion of the course is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructor(s) presentation of the course was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Instructor Evaluation</b>	Strongly Agree	Agree	Disagree	Strongly Disagree
Fill in the circle that best describes your instructor's actions				
Did not judge me:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was helpful to participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explained things clearly:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knows the information:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respectful of participants:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information was organized:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involved everyone:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintained order in classroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like **best** about the course: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What did you like **least** about the course: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Thank you so much for completing this survey and for your participation in the National Diabetes Prevention Program.*

*Your time and feedback is greatly appreciated!*