

## Diabetes HealthSense Education Program Participant Exit Survey

### [Date and Time Stamp]

The National Diabetes Education Program is trying to find out how people feel about the Diabetes HealthSense Website and the education session you participated in today. By telling us your honest feelings in this survey, you will help improve Diabetes HealthSense.

This survey will take you about 10 minutes to complete. It asks questions about the Diabetes HealthSense program you participated in today, the website in general, the content or resources found on the website, and your plans for using Diabetes HealthSense over the next month. Unless the directions say otherwise, please choose one response for each question.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*). Do not return the completed form to this address.

### ID Code

To keep your responses private an ID code will be created using the following information.

Please write down **YOUR first and last initials:**

[Example: Jane Smith is J.S.; Jane Doe-Smith is J.D.]

\_\_\_\_\_

First Initial

\_\_\_\_\_

Last Initial

What is your **MONTH and YEAR** of BIRTH?

[Ex: Write 05/95 if your birthday is May 22, 1995]

\_\_\_\_ / \_\_\_\_  
MM YY

Please choose your program location?

- |                                 |                                  |                                  |
|---------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Site 1 | <input type="checkbox"/> Site 6  | <input type="checkbox"/> Site 12 |
| <input type="checkbox"/> Site 2 | <input type="checkbox"/> Site 7  | <input type="checkbox"/> Site 12 |
| <input type="checkbox"/> Site 3 | <input type="checkbox"/> Site 8  | <input type="checkbox"/> Site 13 |
| <input type="checkbox"/> Site 4 | <input type="checkbox"/> Site 9  | <input type="checkbox"/> Site 14 |
| <input type="checkbox"/> Site 5 | <input type="checkbox"/> Site 10 | <input type="checkbox"/> Site 15 |

### Experience and Satisfaction with Today's Session

1. **As part of today's session, I was shown: (Check one or more)**

- An introduction to Diabetes HealthSense
- How to use the Diabetes HealthSense website
- How other individuals and families use Diabetes HealthSense
- How to use *Make a Plan* to set goals and to develop a plan to achieve those goals

- How to find resources to help me lose weight or eat healthy
- How to find resources to help me stay or become active

2. How much did you like the following parts of today's Diabetes HealthSense session?	Did not like at all	Liked a little	Liked	Liked a lot
a. The Diabetes HealthSense PowerPoint presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Having the trainer use examples from group members to show how Diabetes HealthSense could be used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Looking at Diabetes HealthSense on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working with others in the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having the trainer there to help me if I needed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The length of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The overall structure of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How easy would it have been to find resources on Diabetes HealthSense if you had not attended today's program? It would have been:**

- Not easy at all
- A little easy
- Easy
- Very easy

**4. How much do you agree or disagree with the following statements about the trainer who worked with you today?**

My Trainer...	Strongly disagree	Disagree	Agree	Strongly agree
a. Thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was well prepared for this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Was friendly and there for my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Spent the right amount of time with each participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Which of the following topics found on Diabetes HealthSense did you review on your own today? (Check one or more.)**

- Eating healthy
- Being active
- Managing my weight
- Coping with stress and emotions
- Setting goals
- Stopping smoking
- Checking my blood sugar

**6. Which of the following types of resources did you look at on Diabetes HealthSense today?  
(Choose one or more)**

- Printable documents (e.g., fact sheets, brochures, booklets, research articles)
- Videos
- Podcasts
- Presentations
- Tracking tools (e.g., tools you can use to keep track of what you eat, your physical activity or your blood glucose level)
- Online programs
- Information about in-person programs
- Mobile applications
- Other (please specify): \_\_\_\_\_

**Satisfaction with Diabetes HealthSense**

<b>7. How much do you agree or disagree that each of the following words describes the Diabetes HealthSense website?</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. Attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overwhelming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hard to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Time-consuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Confusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>8. How much do you agree or disagree with the following statements?</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. I will recommend this <u>website</u> to friends and/or family who are also have diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I will share the <u>information and resources</u> I found on this website with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with the following statements about the resources on Diabetes HealthSense?

9. I found resources that will help me...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Learn more about the disease diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Learn more about how to prevent or manage diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Be more confident in taking actions to prevent or manage my diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Be active.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What do you like about Diabetes HealthSense?

11. What should be changed about Diabetes HealthSense?

**Future Plans**

12. During the next month, how likely are you to return to the Diabetes HealthSense website to...	Not at all likely	Somewhat likely	Likely	Very Likely
a. Find more information and resources using Diabetes HealthSense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use the resources you find on Diabetes HealthSense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tell others about Diabetes HealthSense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Show others how to use Diabetes HealthSense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13. During the next month, how likely are you to return to the Diabetes HealthSense website to help you...</b>	<b>Not at all likely</b>	<b>Somewhat likely</b>	<b>Likely</b>	<b>Very Likely</b>
a. Learn more about diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Learn more about how to prevent or manage diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eat healthier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Be more active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Better manage your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cope better with stress and emotions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Set goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Stop smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Better track your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. During the next month, how often will you return to the Diabetes HealthSense Website?**

- Never
- Rarely (Just once or twice)
- Sometimes (Once a week)
- Often (2-3 times a week)
- Daily