

**Indian Health Service (IHS)  
Community Health Representatives (CHR)  
Diabetes Online Training Evaluation**

Congratulations for completing the online AADE Fundamentals of Diabetes course. The questions below are designed to help us improve. Where a scale (1 to 5) is indicated, please rate using 5 as the high, best or most, and 1 as the low, least, or worst. Thank you for volunteering your time and responses!

**1. Please rate the registration process.**

1                      2                      3                      4                      5

**Ideas to make it work easier?**

**2. Looking back, how would you rate your diabetes knowledge and skills before the training?**

1                      2                      3                      4                      5

**3. Now that you have completed the course, how do you rate your diabetes knowledge and skills?**

1                      2                      3                      4                      5

**4. Do you feel capable and confident to use this knowledge in interactions with patients?**

1                      2                      3                      4                      5

**5. Will you use this information in interactions with patients?**

1                      2                      3                      4                      5

**6. How likely is it that you will change any personal behaviors/lifestyles as a result of this course?**

1                      2                      3                      4                      5

**7. List two ideas of things that you will use in your work as a result of taking this course.**

**8. What did you like best and least about the course?**

**9. Ideas to improve the experience of taking the course?**

**Thank  
you!**

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The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.