



Date: _____

Location: _____

Name of Session: Diabetes in Pregnancy

Name (optional): _____

For each statement below, please circle your answer.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Today's session kept me interested.	1	2	3	4	5
2.	The information I learned today was new to me.	1	2	3	4	5
3.	I understand the differences between pre-existing diabetes in pregnancy and gestational diabetes.	1	2	3	4	5
4.	The information I learned today will help me to speak to women about diabetes in pregnancy.	1	2	3	4	5
5.	I know where to get help to learn more about diabetes in pregnancy.	1	2	3	4	5
6.	I would attend another Diabetes 101 education session.	1	2	3	4	5

		Poor	Below Average	Average	Good	Excellent
7.	Overall, I rate this session:	1	2	3	4	5

		Just Right	Too Short	Too Long
8.	The length of the session was:	1	2	3

9. What did you learn today that was new to you?

10. What is one thing that you will start doing differently after this session?

11. Other comments: (All comments are welcome and very helpful!)