



Date: _____

Location: _____

Name of Session: Diabetes in Youth

Name (optional) _____

For each statement below, please circle your answer.

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|----|---|-------------------|----------|---------|-------|----------------|
| 1. | Today's session was easy to understand. | 1 | 2 | 3 | 4 | 5 |
| 2. | Today's session kept me interested. | 1 | 2 | 3 | 4 | 5 |
| 3. | The information I learned today was new to me. | 1 | 2 | 3 | 4 | 5 |
| 4. | The information I learned today will help me understand who is at risk. | 1 | 2 | 3 | 4 | 5 |
| 5. | The information I learned today helps me understand screening. | 1 | 2 | 3 | 4 | 5 |
| 6. | The information I learned today will help me to speak about prevention. | 1 | 2 | 3 | 4 | 5 |
| 7. | I know where to get help to better understand diabetes in youth. | 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!)