

# End Program Feedback Form

## Prevention of type 2 diabetes program

### Admin Use Only

Name of Lifestyle Modification Program Provider

Date Commenced Lifestyle Modification Program

Title (please circle) Mr Mrs Ms Miss Other \_\_\_\_\_

Surname

Given Name/s

Preferred name/s

Date of Birth

Sex (please circle)

M F

### End Program Clinical Information

#### Current

Waist circumference

Weight

Height

#### Attendance Information

Number of Lifestyle Modification Program sessions provided in this participant's program to date

Number of Lifestyle Modification Programs attended by participant \_\_\_\_\_

#### Participant acknowledgement of attendance

I have completed \_\_\_\_\_ sessions of this Lifestyle Modification Program.

Signature

Date

# End Program Feedback Form

Please help us improve our program by answering some questions about the lifestyle modification program that you have now completed.

We are interested in your honest opinions, whether they are positive or negative.

This will help us to improve the quality of our program for participants in the future. In addition, a summary of feedback from participants will be provided to the Commonwealth Department of Health and Ageing and the Australian General Practice Network so that the effectiveness of these programs across Australia can be evaluated. This will not contain any information that will identify you personally.

Please answer all of the questions by circling your answer.

## 1. How would you rate the overall quality of the program you have completed?

4	3	2	1
Excellent	Good	Fair	Poor

## 2. How satisfied are you with the program materials you have been given during this program?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

## 3. How satisfied are you with the support you have received during the program from your program facilitators?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

## 4. Has the program helped you make positive lifestyle changes?

4	3	2	1
Yes, it helped a great deal	Yes, it helped	No, it didn't really help	No, it seemed to make things worse

## 5. Are you confident that you will be able to maintain those changes?

4	3	2	1
Very confident	Confident	Not sure	Not at all confident

Thank you very much for completing this questionnaire.