

HEALTHY U WORKSHOP LEADERS FOLLOW-UP SURVEY

Name _____ City _____

Agency affiliation _____

Date you completed training _____

Please rate how well your Healthy U training prepared you to do diabetes or chronic disease self-management workshops in your home community:

Did the workshops increase your ability to impact the awareness and knowledge of the participants in the Healthy U workshops as a result of this training?

A lot A little Not much Not at all

Did the workshops improve your ability to increase the skill levels of the participants in the Healthy U workshops to monitor/manage their chronic disease?

A lot A little Not much Not at all

Did the workshops improve your ability to impact the attitudes and/or perceptions of the participants in the Healthy U workshops related to their chronic disease?

A lot A little Not much Not at all

Did the workshops increase enhance your ability to improve patient satisfaction and an improve experience of care for participants in the Healthy U workshops?

A lot A little Not much Not at all

Please report the following:

of workshops begun since training _____ # of workshops completed since training _____

Date (s) of workshops _____

Location of workshops _____ # of participants _____

If you have not begun or completed any workshops since your training, please indicate why.

Please rate your level of comfort in facilitating the workshops.

5 4 3 2 1
Extremely comfortable Very comfortable Comfortable Somewhat comfortable Not comfortable at all

Describe any barriers experienced in implementing the workshops.

Describe any successes experienced in implementing the workshops.

Describe any additional implementation support needs.

What are your technical assistance needs?

Describe any plans for future trainings.

Other comments:
