**PROCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Satisfaction Survey**

Native Americans for Community Action

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Classes Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Did you feel that the DPP Life Style Balance classes were helpful?

(Check [X] only one)

Yes [ ]

Somewhat [ ]

No [ ]

1. Would you recommend this course to your family or friends?

(Check [X] only one)

Yes [ ]

Somewhat [ ]

No [ ]

1. What material did you find to be most helpful?

(Check [X] only one)

a. [ ] Food Log/Calorie Counter Book

b. [ ] Ways to be more physically active

c. [ ] Maintaining a healthy weight

d. [ ] Healthy eating

e. [ ] Manage Stress

1. What was the greatest barrier that made it difficult for you to complete this class?

(Check [X] only one)

a. [ ] Family Obligations

b. [ ] Time

c. [ ] Transportation

d. [ ] Interest

e. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you hear about this program?

(Check [X] only one)

a. [ ] Recommended by my physician/health provider

b. [ ] From a friend

c. [ ] From a family member

d. [ ] Brochure or flyer

e. [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any friends and/or family that have struggled with diabetes and weight loss and wellness?

(Check [X] only one)

a. [ ] Yes

b. [ ] No

c. [ ] Don’t know

1. As a result of this class what behaviors have you changed?

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Before taking this class, what did you know about Weight Loss, Healthy Eating and Stress Management? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. After taking this class, what have you learned about Weight Loss, Healthy Eating and Stress Management?

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1. If this class or a similar one was offered again, would you be interested in taking it?

(Check [X] only one)

* 1. Yes [ ]
	2. Unsure [ ]
	3. No
1. Do you have any suggestions about what NACA could do to improve this class?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU!