FLORIDA diabetes PREVENTION& CONTROL program

obesity prevention program
FLORIDA DEPARTMENT OF HEALTH

INSTRUCTOR EVALUATION SURVEY

Please complete after conducting a nutrition education class using the Healthy Hispanic Foods Resource Kit and return to the Diabetes Prevention & Control Program (DPCP) in the postage-paid envelope within 30 days after the class. After the DPCP receives this survey and 75% of your class' Evaluation Survey postcards, you will be sent the free incentive item chosen when your Resource Kit order was submitted. You will also receive a brief telephone follow-up survey from DPCP staff to assist in evaluating the kit.

Name (*please print*) _____ _____ Today's Date _____
(First) (Last)

1. What was the date of your class? _____

2. In what county was the class held? _____

3. In what setting was the class held?
   a. ____ Business
   b. ____ Church
   c. ____ Community-Based Org.
   d. ____ Community Center
   e. ____ County Health Department
   f. ____ Hospital/Clinic
   g. ____ School
   h. Other _____

4. How did you use the materials?
   i. ____ healthy cooking demonstration
   j. ____ how-to session on reading food labels
   k. Other _____

5. Which Resource Kit materials did you use?
   l. ____ Cutting Board
   m. ____ Informational Booklets
   n. ____ Participant Evaluation Postcards (distributed and explained purpose)
   o. ____ Recipe Cards
   p. ____ Spoodle®

6. What was the racial and ethnic composition of your class?
   q. #_____ African Americans or Blacks
   r. #_____ Haitians
   s. #_____ Hispanic/Latinos
   t. #_____ Non-Hispanic Whites
   u. #_____ Other_____

7. In the course of preparing for or instructing the class, please rate the level of usefulness of the Informational Booklet:

   1 2 3 4 5
   Not Useful Very Useful

8. In the course of preparing for or instructing the class, please rate the level of usefulness of the Recipe Cards:

   1 2 3 4 5
   Not Useful Very Useful

9. What did you like best about the Healthy Hispanic Foods Resource Kit? _____
   _____

10. Suggestions for improvement:_____
    _____

Thank you for completing our survey! Please return it in the postage-paid envelope provided.

Diabetes Prevention & Control Program, 4025 Esplanade Way, Tallahassee, FL 32399 (850) 245-4330