Arthritis Exercise & Education Course  
Participant Evaluation Form

Please help us improve future offerings by evaluating this program and the facility.

Course Leader Name(s): ____________________________
Course Dates: ____________________________ through ____________________________
Course Location: ____________________________

Please check the appropriate box.
☐ Arthritis Foundation Exercise Program  ☐ Arthritis Foundation Self-Help Course
☐ Chronic Disease Self Management Program  ☐ Arthritis Foundation Aquatics Program

Circle a response for each item as appropriate. If you rate an item poor or very poor, please briefly explain why in the comments section below.

<table>
<thead>
<tr>
<th>Facility Characteristics</th>
<th>Very Good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience of location</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Building Accessibility</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Ease and safety of pool entry and exit</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Water temperature</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments: ___________________________________________________________________
____________________________________________________________________________

Please circle a response for each statement. If you rate a statement as Not at All True, please briefly explain why in the comments section below.

<table>
<thead>
<tr>
<th>Participation in this course has</th>
<th>Very True</th>
<th>Somewhat True</th>
<th>Not at All True</th>
<th>Unsure</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made me more confident in my ability to take care of my chronic condition.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Increased my range of motion and relieved joint stiffness.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Increased my independence and ability to carryout daily activities.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Decreased my chronic condition-related pain or symptoms.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Improved my mood and self-esteem.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments: ___________________________________________________________________
____________________________________________________________________________

1) This course met my expectations? (Please check the appropriate response.)
☐ Yes        ☐ No        ☐ Unsure    If no or unsure, why not? ____________________________

2) I found the following aspect(s) of the course the most helpful: ____________________________
3) I would make the following change(s) to this course: 


4) I learned about this course from: (Please check all that apply.)
- Regional Arthritis Center
- Arthritis Foundation
- Information received in the mail
- Family Member or Friend
- Physician Referral Dr. ______
- Community Presentation/Health Fair
- Other (Please specify.) 


5) I participated in this course to: (Please check all that apply.)
- Alleviate the physical symptoms caused by my chronic condition.
- Learn more about chronic disease and self-management techniques.
- Interact with other people with chronic conditions who have similar problems as myself.
- Other (Please specify.) 


6) I have been participating in an exercise or self-management program for:
   a) First Time  
   b) Several Times: ___ Years, ___ Months  
   c) Unsure ___


7) I will make changes in my chronic condition care as a result of participation in this course?
- Yes  
- No  
- Unsure

   If yes, I will make the following changes: (Please check all that apply.)
- practice relaxation techniques  
- change to healthier eating habits  
- do more stretching exercises  
- join a support group  
- do more strengthening exercises  
- improve relationship with/my doctor  
- other (please specify): 


8) Would you recommend this course to other people with chronic conditions? (Please check one.)
- Yes  
- No  
- Unsure  
   If no or unsure, why not? 


OPTIONAL:

9) What is your race/ethnicity? (Please check all that apply.)
- White, non-Hispanic  
- Asian or Pacific Islander, non-Hispanic  
- Black, non-Hispanic  
- American Indian/Alaskan Native, non-Hispanic  
- Hispanic  
- Other (please specify): 


10) What is your age? (Please check the appropriate category.)
- Unknown  
- 25-34 years  
- 55-64 years  
- < 18 years  
- 35-44 years  
- 65-74 years  
- 18-24 years  
- 45-54 years  
- 75+ years

Thank you for participating in the program and completing the evaluation form!
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