

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.

Facility Characteristics	Very Good	Good	Average	Poor	Very Poor
Convenience of location	5	4	3	2	1
Building Accessibility	5	4	3	2	1
Ease and safety of pool entry and exit	5	4	3	2	1
Water temperature	5	4	3	2	1

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.

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

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.)*

- | | |
|---|---|
| <input type="checkbox"/> Regional Arthritis Center | <input type="checkbox"/> Arthritis Foundation |
| <input type="checkbox"/> Information received in the mail | <input type="checkbox"/> Family Member or Friend |
| <input type="checkbox"/> Physician Referral Dr. _____ | <input type="checkbox"/> Community Presentation/Health Fair |
| <input type="checkbox"/> 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.)*

- | | |
|--|--|
| <input type="checkbox"/> practice relaxation techniques | <input type="checkbox"/> change to healthier eating habits |
| <input type="checkbox"/> do more stretching exercises | <input type="checkbox"/> join a support group |
| <input type="checkbox"/> do more strengthening exercises | <input type="checkbox"/> improve relationship with/my doctor |
| <input type="checkbox"/> 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.)*

- | | |
|--|---|
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander, non-Hispanic |
| <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> American Indian/Alaskan Native, non-Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other (please specify): _____ |

10) What is your age? *(Please check the appropriate category.)*

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 55-64 years |
| <input type="checkbox"/> < 18 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 65-74 years |
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 75+ years |

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

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