Informed Consent Statement

To: Diabetes lesson participants

This diabetes lesson is being taught to Family and Community Education study groups in several counties. The OSU Extension Service asks you to fill out this evaluation form so that they can assess the impact that the lesson may have had on you. Please only do so if you are aged 18 or older.

The completed forms will be forwarded to OSU by the county Extension office. Your responses, together with others, will be combined and used for statistical summaries only.

A summary of the findings will be included in the 2003 Extension Family and Community Development program’s annual report that will be shared with OSU administrators. The information may also be included in reports on Extension accomplishments. You’re welcome to see the results if you like.

Your participation in this evaluation is VOLUNTARY. You may choose not to participate. You are free to answer only those questions you feel comfortable answering. Your relationship with the FCE program or with OSU Extension Service will not be affected, whether you choose to participate or not.

The responses that you provide will be kept CONFIDENTIAL. No one will know whose responses are whose. Only county name will be on the form. Please be sure NOT to put your name or any identifying marks on the evaluation forms.

There are no foreseeable risks associated with your participation in this study. Your feedback will help the OSU Extension Service to provide lessons that meet your needs.

If you have questions about the survey, contact me at 503-623-8395. If I’m not available, please leave a message so that I can call you back.

If you have questions about your rights as a human research subject, please contact the Institutional Review Board Coordinator in the OSU Research Office, (541) 737-3437.

Sincerely,

Debra Minar Driscoll

Debra Minar Driscoll, Extension Family and Community Development Faculty

OSU IRB Approval Date: 12/12/02
Approval Expiration Date: 12/12/02

©2002. Oregon State University. This publication may be photocopied or reprinted in its entirety for noncommercial purposes. Produced in accordance with the Act of Congress of May 3 and June 30, 1914; Extension work is a cooperative program of Oregon State University, the U.S. Department of Agriculture, and Oregon counties. Oregon State University Extension Service offers educational programs, activities, and materials—without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status—as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Oregon State University Extension Service is an Equal Opportunity Employer.
Renewed Hope: Choosing a Better Life with Diabetes - Evaluation

We would like to know how your participation in this program has affected you. Please take a few minutes to answer these questions:

County_________________________

1. To what extent did the lesson increase your knowledge? Using the scale below, which number best describes your knowledge after and before the program?

<table>
<thead>
<tr>
<th>nothing</th>
<th>very little</th>
<th>moderate</th>
<th>quite a bit</th>
<th>a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

AFTER this program, my level of knowledge about the following is:

- What diabetes is, its causes and consequences
  1 2 3 4 5
- Know my personal risk for diabetes
  1 2 3 4 5
- The symptoms of diabetes
  1 2 3 4 5
- Lifestyle changes that might prevent diabetes and its complications
  1 2 3 4 5
- How I can positively support someone with diabetes
  1 2 3 4 5

BEFORE this program, my level of knowledge about the following was:

- What diabetes is, its causes and consequences
  1 2 3 4 5
- Know my personal risk for diabetes
  1 2 3 4 5
- The symptoms of diabetes
  1 2 3 4 5
- Lifestyle changes that might prevent diabetes and its complications
  1 2 3 4 5
- How I can positively support someone with diabetes
  1 2 3 4 5

2. What are some things you plan to do for yourself as a result of this lesson?

3. What do you plan to do to support someone with diabetes or pre-diabetes?

4. What else would you like to know about diabetes? (you may use the back of this sheet)