

## Taking Charge of Your Medical Care

Lesson evaluation

County \_\_\_\_\_ Date \_\_\_\_\_

We'd like to know more about how your participation in this lesson has affected you. Please take a few minutes to answer these questions.

1. To what extent did the lesson increase your awareness/knowledge about the following? (Circle one for each.)

	Very much				Very little
• The importance of taking an active role in your medical care	1	2	3	4	5
• The benefits of maintaining a personal record of your medical care	1	2	3	4	5
• What information you should be included in your medical care records file	1	2	3	4	5
• The importance of and how to prepare for a medical appointment	1	2	3	4	5

2. As a result of attending this lesson, you may change some of your ideas or behaviors. Which of the following did you do regularly before the lesson?

<b>BEFORE THIS LESSON</b> (Check one box for each item.)	<b>Did Regularly</b>	<b>Didn't Do Regularly</b>	<b>Didn't Do</b>
Maintain a personal record of medical appointments and tests			
Keep an up-to-date list of all medications and medical conditions and keep that with you			
Write down health concerns and related information before a medical appointment			

Which will you do regularly **after** this lesson?

<b>AFTER THIS LESSON</b> (Check one box for each item.)	<b>Will Do Regularly</b>	<b>Won't Do Regularly</b>	<b>Won't Do</b>
Maintain a personal record of medical appointments and tests			
Keep an up-to-date list of all medications and medical conditions and keep that with you			
Write down health concerns and related information before a medical appointment			

3. Are there any other things you plan to do differently after today's lesson? (Please use back.)

Please give this completed form to your leader/teacher, who will return it to the County Extension office.



**Extension Service Washington County**

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**Informed Consent Statement**

To: Taking Charge of Your Medical Care Lesson Participants

Oregon State University • IRB Study #: 3581 Approval Date: 3-27-07 Expiration Date: 3-26-08

This lesson is being taught to Family and Community Education (FCE) study groups in several counties. The OSU Extension Service asks you to take 5 – 10 minutes to fill out this evaluation so that they can assess the impact that the lesson may have on you.

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

The summary of findings will be included in the 2007 Extension Family and Community Development program’s annual report that will be shared with OSU Extension administrators. The information may also be included in reports of Extension accomplishments. You’re welcome to see the result if you like.

Your participation in this evaluation study is VOLUNTARY. You may choose not to participate. You are free to answer only those questions that you feel comfortable answering.

The information that we acquire from you will be kept confidential to the extent permitted by law. No one will know whose responses are whose. Only the county name will be on the form. Please be sure NOT to put your name or any identifying marks on the evaluation form.

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 503-725-2107. If I am not available please leave a message so that I can return your call.

If you have questions about your rights as a human research participant, please contact the OSU Institutional Review Board (IRB) Human Protections Administrator at 541-737-4933 or [IRB@oregonstate.edu](mailto:IRB@oregonstate.edu)

Sincerely,

Jeanne Brandt  
Extension FCD Faculty