

UI: _____ PROGRAM SATISFACTION SURVEY_08.26.2011

<p><u>DATE OF INTERVIEW:</u></p> <p>Date _____ / _____ / _____</p> <p>Location: _____</p>	<p><u>INTERVIEWER INITIALS:</u> _____</p> <p><u>DATE:</u> _____</p> <p><u>MODE:</u></p> <p>___ In-Person</p>
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PARTICIPANT'S INFORMATION :

C1: Name _____

C2: Home Phone _____

C3: Cell Phone _____

C4: Email Address _____

C5: Address _____

C6: Zip Code _____

C7: Gender _____

OTHER CONTACT INFORMATION :

C8: Name of Emergency Contact #1 _____

C9: Home Phone _____

C10: Cell Phone _____

C11: Name of Emergency Contact #2 _____

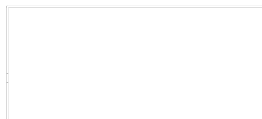
C12: Home Phone _____

C13: Cell Phone _____

C14: Name of Emergency Contact #3 _____

C15: Home Phone _____

C16: Cell Phone _____



My name is _____. I am with the NYU Center for the Study of Asian American Health.

Thank you again for agreeing to participate in this study. The survey will take approximately 30 to 45 minutes to complete. For your time, we will be providing you with an international phone card or similar small incentive. Again, the information you provide in the survey is completely confidential. If at any time, you are confused about a question, please let me know.

DATE AND TIME OF INTERVIEW:

Name of Interviewer: _____

Date: _____/_____/_____

Time Started: _____ AM/PM

Time Ended: _____ AM/PM

Location: _____

Program Satisfaction

INTERVIEWER: "I'm now going to ask you a few questions about your satisfaction with the DREAM Project. Your answers will remain confidential and your Community Health Worker will not know how you responded."

PE1. How did you feel about the number of educational sessions in the DREAM project (there were 5 sessions in total)?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Just right | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Too many sessions | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Not enough sessions | |

PE2. How did you feel about the length of time of each educational session?

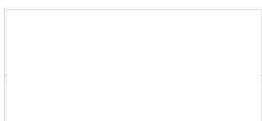
- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Just right | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> The sessions were too long | <input type="checkbox"/> Refused |
| <input type="checkbox"/> The sessions were too short | |

PE3. How did you feel about the number of one-on-one visits that was conducted?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Just right | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Too many one-on-one visits | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Too few one-on-one visits | |

PE4. How did you feel about the total number of months of the DREAM program (6)?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Just right | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Too many months | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Not enough months | |



PE5. What factors prevented you from coming to sessions or other components of the program? (Check all that apply)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Did not have transportation to sessions | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Family obligations or influence | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Lack of child-care | |
| <input type="checkbox"/> Work schedule conflicted with sessions | |
| <input type="checkbox"/> Lack of interest | |
| <input type="checkbox"/> Session location was not convenient for me | |
| <input type="checkbox"/> Too many questionnaires to complete | |
| <input type="checkbox"/> Travel to home country conflicted with sessions | |
| <input type="checkbox"/> Other _____ | |

PE 6. Would you be willing to serve as a volunteer for the program in the future (for example, help administer surveys to future participants or share experiences with future participants)?

- Yes
 No
 Maybe

PE 7. To what extent do you think the DREAM program provided...?:

	A lot	Somewhat	Not at all	Don't Know	Refused
<i>clear and detailed information on diabetes and diabetes care</i>					
<i>education and training on specific strategies to meet diabetes care goals</i>					
<i>assistance to increase personal motivation and confidence</i>					
<i>social and peer support</i>					

PE8. Please tell us what you liked most about the program

PE9. Please tell us what you did not like about the program



PE11. Please tell us what changes can be made to improve the program

PE12. Overall, how satisfied were you with the DREAM program?

0	1	2	3	4	5	6	7	8	9	10
Not at all		A Little Satisfied			50/50			Very Satisfied		Totally Satisfied

