

DOD Virtual DSMES Post Session Evaluation

Thank you for participating in our VA/DOD Diabetes Self- Management and Support (DSMES) session. Please take this brief, 5-minute survey to let us know about your experience. This will allow us to better serve you and other beneficiaries. Your opinion matters. Scroll down to ensure you review all questions.

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AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

There are 7 questions in this survey.

DSMES Post Session questions

For each question, mark the one box that best reflects your opinion

Please indicate your level of agreement for the following statements.

Please choose the appropriate response for each item:

	Strongly agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I am likely to recommend the DOD Diabetes Education Program to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content presented in this program was clear and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content of this program is relevant and met my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in the program has been a good use of my time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have gained new knowledge from this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in applying the knowledge and skills I have learned from this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the overall quality of this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I attended the program:

Please choose **all** that apply:

☐ Virtually

☐ In person

☐ Other:

What is your status **for attendance**?

Please choose **all** that apply:

☐ Active Duty

☐ Retired

☐ Veteran

☐ Active-Duty Family Member

☐ Veteran/Retiree Family Member

☐ Other:

What is your age?

Please choose **only one** of the following:

- ☐ 19 years old or younger
- ☐ 20-34 years old
- ☐ 35-49 years old
- ☐ 50-64 years old
- ☐ 65 years old or older

What is your sex?

Please choose **only one** of the following:

- ☐ Male
- ☐ Female

City and State/Country where you attended from: (city, state if in USA; city, country if outside USA)

Please write your answer here:

Do you have anything else you would like to share? Do not include personal identifiable information.

Please write your answer here:

Thank you for participating in this evaluation.

Submit your survey.

Thank you for completing this survey.