

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PROGRAM EVALUATION**

**The Chronic Disease Self-Management Program: Adoption Experiences From the Field
January 9, 2007**

Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Shade in the circle under the number you think best evaluates this educational offering: 4 - Very useful 3 - Slightly useful 2 - Average 1 - Not useful

Teaching effectiveness of presenter(s):

	4	3	2	1
Kate Lorig, RN, DrPH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laura Chisholm Saddler, MPH, CHES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonnie Hafner, BSN, RN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muriel Guzzi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sally Hurst, BA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Course Content Objectives:

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Provide a brief description of the Chronic Disease Self-Management Program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Describe the evidence-base supporting the use of the CDSMP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Discuss strategies for engaging partners (who, how to attract interest, making it a win-win). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Describe models for CDSMP program management/oversight and support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. List infrastructure needs to support and sustain CDSMP. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What additional information do you need to make your decision about adopting CDSMP? _____

How well did the broadcast format hold your interest? _____ Any suggestions for improving the broadcast? _____

How useful was the information provided in your decision to adopt or deliver CDSMP? _____

PLEASE FAX THIS FORM TO: 334-206-5640 (Alabama Department of Public Health), or mail completed form to:
Alabama Department of Public Health; Video Communications, PO Box 303017, Suite 940; Montgomery, Alabama 36130-3017.

PLEASE NOTE THAT NO CONTACT HOURS ARE AWARDED FOR THIS PROGRAM.