

Program Evaluation

Main Ideas

- ◆ During this Visit families will complete a post-program Evaluation Questionnaire.
- ◆ It is a final opportunity for families to comment on the program.

Objectives

At the end of the Evaluation Home Visit, families should have...

- ◆ Completed the post-program Evaluation Questionnaire.
- ◆ Answered a general question regarding the program experience.

Preparation

Evaluation Home Visit

- ◆ This Visit should take place 4 weeks after the Graduation Event.
- ◆ It is recommended that a person not part of the program make this visit. (Example: a promotora from another program, or personnel from a community partner such as county extension, or a university, etc.)
- ◆ An appointment should have already been made during the Promotora Follow-Up Home Visit.
- ◆ The promotora or evaluator should contact the family to confirm the visit.
- ◆ The Visit should not take longer than 1 hour.
- ◆ All program participants should attend the Evaluation Home Visit.
- ◆ Be sure to have the evaluator take the Family Attendance Sheet and record who participated in this Visit.

Family File

- ◆ Be sure to have the evaluator take the Family File with him / her on this visit.
- ◆ Have the evaluator read and follow the instructions that accompany the Evaluation Questionnaire and Family Comments Sheet.
- ◆ At the end of the Visit, make sure all documentation for the family is complete.

Evaluation

- ◆ In the following plastic sheets is the Evaluation Questionnaire.
- ◆ Each **family member who is 18 years or older and who attended 3 or more of the Educational Sessions** will need to complete the Evaluation Questionnaire.
- ◆ Be sure to make sufficient copies to take to the Evaluation Home Visit—the number of copies will depend on how many family members plan on attending.
- ◆ Read the instructions **carefully** before making the visit. The evaluator may have to read and fill out the Questionnaire for the participants.

Documents and Copies needed for the Evaluation Home Visit (EV)

1. Family Attendance Sheet (the original)
2. Evaluation Questionnaire (multiple copies)
3. Family Comments Sheet (1 copy)

Evaluation Questionnaire

Diabetes and the Family

To evaluate the effectiveness of the program, it is important to have every adult 18 years or older complete this Questionnaire. Every adult needs to complete the Questionnaire twice—once before they start the program and once when they have finished the program.

General Instructions:

- 1. Each adult should complete the Questionnaire for the first time during the Registration Home Visit (RV). If someone is not present at the Registration Home Visit, he or she should complete it at the beginning of the Kick-Off Event or at the first Educational Session they attend.**
- 2. Each adult who attends 3 or more of the Educational Sessions should complete the Questionnaire for a second time at the Evaluation Home Visit (EV). If a person who attended 3 or more Educational Sessions is not available for the Evaluation Home Visit, you will need to make arrangements to administer the Questionnaire at a time when he / she is available, either at their home or at the agency.**
- 3. Ideally, you should arrange for a promotora or other staff member who is not involved in teaching the Sessions, the Home Visits, or the Events, to administer the Questionnaire at the Evaluation Home Visit. You may also choose to use a third party evaluator not from your agency.**

Specific Instructions

- 1. The instructions for completing the Questionnaire are the same for both the Registration Home Visit and the Evaluation Home Visit.**
- 2. Remember to bring enough copies of the Questionnaire and pencils or pens with black ink.**

Specific Instructions cont'd:

- 3. Pass out a copy of the Questionnaire to each adult. As adults are looking at the form, read each line out loud and ask the adults to answer as accurately as possible.**
- 4. Instruct each adult 1) to leave the "Individual Number" boxes blank, 2) to write today's date in the "Date" boxes, and 3) to print their first and last name in the spaces provided.**
- 5. Completion of the remainder of the boxes is self-explanatory.**
- 6. Remind individuals to fill in bubbles completely and not to use checks or "X"s for indicating their answers.**
- 7. Neither family members or promotoras need to write in the boxes labeled "Official Use Only."**
- 8. Once everyone has finished, review each Questionnaire to make sure every question has been answered. Let the family members know that you are not checking to see if the answers are right or wrong, but making sure that everything is complete.**
- 9. For adults who are not comfortable reading and marking the answers themselves, you will need to read the questions aloud and record the answer to each question on the Questionnaire.**
- 10. Place each family member's completed Questionnaire in the Family File.**



33123

Participant's Name: _____ Date: ____/____/____

6. In the last week, how often did you eat vegetables (not including potatoes)?

			<input type="radio"/> times a day
			<input type="radio"/> ^{or} times a week
			<input type="radio"/> ^{or} never
			<input type="radio"/> ^{or} don't know

7. In the last week, how often did you drink soda (not diet)?

			<input type="radio"/> times a day
			<input type="radio"/> ^{or} times a week
			<input type="radio"/> ^{or} never
			<input type="radio"/> ^{or} don't know

8. In the last week, how often do you drink sweetened drinks such as horchata, tamarindo, jamaica, kool-aide, Tampico, Gatorade®, or Sunny Delight®?

			<input type="radio"/> times a day
			<input type="radio"/> ^{or} times a week
			<input type="radio"/> ^{or} never
			<input type="radio"/> ^{or} don't know

9. In the last week, what kind of milk did you drink? (Bubble all that apply)

- | | |
|--|--|
| <input type="radio"/> Whole milk | <input type="radio"/> Evaporated/condensed (canned milk) |
| <input type="radio"/> 2% milk | <input type="radio"/> Other _____ |
| <input type="radio"/> 1% milk | <input type="radio"/> I don't drink milk |
| <input type="radio"/> Skim/nonfat milk | |

10. Do you think your family needs to eat healthier foods?

- Yes No

11. How confident are you that your family can eat healthier food?

Not Very Confident

- 1 2 3 4

Very Confident

- 5

12. Do you think your family needs to be more physically active?

- Yes No

13. How confident are you that your family can become more physically active?

Not Very Confident

- 1 2 3 4

Very Confident

- 5

OFFICE USE ONLY

55.R
 88.N
 99.M

55.R
 88.N
 99.M

55.R
 88.N
 99.M

55.R
 88.N
 99.M

Milk Code

--	--

55.R
 88.N
 99.M

55.R
 88.N
 99.M

55.R
 88.N
 99.M

55.R
 88.N
 99.M



33123

OFFICE USE ONLY

14. Please indicate if you "Agree" or "Disagree" with each statement:

	Agree	Disagree
a. We generally don't talk about diabetes	<input type="radio"/> Agree	<input type="radio"/> Disagree
b. We agree to buy special foods for the family member with diabetes and the rest of the family members pretty much eat what they want.	<input type="radio"/> Agree	<input type="radio"/> Disagree
c. We talk about ways that all of us can eat foods low in fat and grease.	<input type="radio"/> Agree	<input type="radio"/> Disagree
d. We talk about ways that all of us can be more active, planning walks, or outdoor activities.	<input type="radio"/> Agree	<input type="radio"/> Disagree
e. Someone usually goes to the doctor with the family member that has diabetes	<input type="radio"/> Agree	<input type="radio"/> Disagree
f. When we eat at a restaurant or pick up prepared food to eat at home, we agree to pick a place that has healthy food choices.	<input type="radio"/> Agree	<input type="radio"/> Disagree
g. We often find ourselves criticizing the family member with diabetes for not taking care of him/herself.	<input type="radio"/> Agree	<input type="radio"/> Disagree

15. In our family, family members really help and support one another.

Don't agree

1

2

3

4

Agree

5

55.R

88.N

99.M

OFFICE USE ONLY

Tech. ID		DP Batch:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
	MO		DAY		YEAR

EV

Family Name: _____ Date: _____

Family Comments

Evaluator: Please take a copy of this sheet with you on the Evaluation Home Visit. After families finish the Evaluation Questionnaire, ask them if they have any final questions or comments about the family program. Record their responses below, and return the sheet to the Family File along with the Questionnaire.

Comments:

Questions:

Evaluator's Name: _____ Agency: _____

Wrap Up!

Concluding the Evaluation Home Visit

1. After completing the home visit, review the Family File. Be sure the following 8 forms are dated and completed:
 - * Pre-Registration Form—for primary participant only
 - * Home Registration Form—for primary participant only
 - * Family Attendance Sheet—with names, ages, and relation to primary participant of all the family members who attended Visits, Events, and Sessions.
 - * Consent Form—for each **adult family member**
 - * Evaluation Questionnaire (pre-program)—for each **adult family member**
 - * Guided Discussion Comments Sheet—1 per family
 - * Evaluation Questionnaire (post-program)—for each **adult who participated in at least 3 Educational Sessions.**
 - * Family Comments Sheet—1 per family