



Take Control of Your Health

Peer Leader Feedback

Complete this form at the end of every 6-week Workshop.

Date: _____

Name: _____
(Last) (First) (Middle)

Program Type:

- Chronic Disease Self-Management Program
- Tomando Control De Su Salud
- Diabetes Self-Management Program

1. Date of Peer Leader Certification: _____

2. Where and when did you conduct a workshop?

a. Location:

Name of Organization: _____

Street Address: _____

City: _____ Zip Code: _____

b. Dates (mm/dd/yyyy): _____ / _____ / _____ through _____ / _____ / _____

c. Language program was delivered in: _____

3. How many people attended:

Session 1 _____ Session 2 _____ Session 3 _____

Session 4 _____ Session 5 _____ Session 6 _____

4. Were you satisfied with how the Workshop went overall?

Not at all Satisfied

1 2 3 4 5

Completely Satisfied

Comment: _____

5. How comfortable were you teaching the Workshop?

Not at all Comfortable

1 2 3 4 5

Completely Comfortable

Comment: _____

6. Overall, to what extent do you think the participants taking this Workshop were engaged?

**Not at all
Engaged**

1

2

3

4

5

**Completely
Engaged**

Comment: _____

7. Did you experience any challenges or barriers in talking about these concepts while conducting the workshop?

Concept	Yes	No	Comments
Action Plans			
Problem Solving/Feedback			
Follow-up Communication			
Buddy System			

a. Describe how you dealt with any challenges or barriers that you experienced in talking about these concepts.

8. Did you experience any challenges or barriers conducting the Workshop activities? Describe and discuss how you dealt with any challenges or barriers that you experienced with these workshops.

Activity	Yes	No	Comments
Session 1 <ul style="list-style-type: none"> • Introduction/Identifying Common Problems • Workshop Overview and Responsibilities • Differences Between Acute and Chronic Conditions • Using Your Mind to Manage Symptoms and Distractions 			
Session 2 <ul style="list-style-type: none"> • Dealing with Difficult Emotions • Introduction to Physical Activity and Exercise 			
Session 3 <ul style="list-style-type: none"> • Better Breathing • Muscle Relaxation • Pain and Fatigue Management • Endurance Activities 			

