

# FOOT CARE

## EVENT EVALUATION

### After attending the event:

1. Do you feel the diabetes and foot care information was useful and easy to understand?  
 Yes                       No

Please explain: .....

2. Do you feel you learned more about caring for your feet?  
 Yes                       No

Please explain: .....

3. Do you feel more motivated and confident to perform healthy foot care practices?  
 Yes                       No

Please explain: .....

4. Do you feel you had an new or unknown foot care concern found today?  
 Yes                       No

Please explain: .....

5. Do you feel any existing foot care concerns were addressed today?  
 Yes                       No

Please explain: .....

6. Do you feel this clinic has made an impact on your over-all health?  
 Yes                       No

Please explain: .....

**Please continue to back...**





IDHC HEAD OFFICE  
3250 SCHMON PARKWAY, UNIT 1B, ONTARIO · L2V 4Y6  
TEL: 1 888 514 1370 · FAX: 1-866-352-0485



Please **rate** your **SATISFACTION LEVEL** by circling the following....

*1 means VERY UNSATISFIED and 5 means VERY SATISFIED*

								COMMENTS/ EXPLAIN
<b>Reflexology</b>	<u>1</u>	2	3	4	5	N/A		..... .....
<b>Chiropody/ Foot Care Nurse</b>	<u>1</u>	2	3	4	5	N/A		..... .....
<b>Comfort level</b>	<u>1</u>	2	3	4	5			..... .....
<b>Location</b>	<u>1</u>	2	3	4	5			..... .....
<b>IDHC Team</b>	<u>1</u>	2	3	4	5			..... .....
<b>Resources</b> (Care kit, video, any presentations...)	<u>1</u>	2	3	4	5			..... .....
<b>Clinic Over-All</b>	<u>1</u>	2	3	4	5			..... .....

**Additional Feedback:** *I learned that.... IDHC could improve... The best part was...etc.*

.....  
.....

**Thank you for coming and *remember your Self Care Resources!!***

