

Appendix B: Participant Feedback Survey

1. How would you rate your knowledge and understanding of diabetes **before** joining the CDAC?

- Poor
- Fair
- Good
- Very Good
- Excellent

Please describe your knowledge and understanding before joining:

2. How would you rate your knowledge and understanding of diabetes **now**?

- Poor
- Fair
- Good
- Very Good
- Excellent

Please describe your knowledge and understanding now:

3. What have you learned about diabetes that has most stood out to you the most?

4. Has your diabetes care changed in any way since joining CDAC (medication changes, connection with a family doctor or specialist, engagement with diabetes education/centre, etc)?

5. What types of skills have you learned in class? (*check all that apply*)

- Photography
- Group Work
- Research Skills
- Other

6. What have you liked most about being part of the CDAC?

7. What was your favourite part of the group?

8. What was your least favourite part of the group?

9. What connections have you made during this class?

- Personal
- Professional
- Other _____

10. Have you moved while being a part of this group (between Jan-July 2019)?

- Yes
- No

If yes, how many times? _____

11. Has your phone number changed while being a part of this group (between Jan-July 2019)?

- Yes
- No

12. Has your phone been disconnected or out of service for more than 24 hours while being a part of this group (between Jan-July 2019)?

- Yes
- No

13. Has your email address changed or have you lost access to your email while being a part of this group (between Jan-July 2019)?

- Yes
- No

14. How many times have you visited an emergency room to seek medical care while being a part of this group (between Jan-July 2019)

- 1
 2
 3
 4
 5 or more

15. Have you been hospitalized while being a part of this group (between Jan-July 2019)?

- Yes
 No

If yes, how many times have you been hospitalized (between Jan-July 2019)? _____

Approximately how many days have you spent in hospital (between Jan-July 2019)? _____

16. How would you rate the following:

	Poor	Fair	Good	Very Good	Excellent
Location of the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time of the meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honoraria amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (Quality, healthfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What do you think could have been done better in the group?

18. Is there one thing we could have done to substantially improve your experience?

19. Is there anything else you would like to say about your overall experience being a part of the CDAC?
