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?
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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)?
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   ------------------------------------------------------

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 your 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:

<table>
<thead>
<tr>
<th>Location of the group</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of the meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honoraria amount</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Food (Quality, healthfulness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________