

## SEREN Group session evaluation: Young person questionnaire

Thank you for attending and contributing to the SEREN session. Your opinion is important to us as it helps us understand what worked well, and what didn't work so well, so that we can make improvements to future SEREN sessions.

Please complete all 9 questions, ticking **one** answer per question ✓

### 1. Which SEREN session did you attend?

- Moving to year 7
- SEREN Active
- SEREN Pumps

### 2. Which staff delivered your session? (you can tick more than one for this question)

- Paediatric diabetes specialist nurse
- Dietitian
- Psychologist
- Someone else

If you aren't sure of their job role you can write their names instead:

.....  
.....

### 3. Did you enjoy the activities?

- Yes, a lot
- Some of them
- No

### 4. Were you encouraged to ask questions?

- Yes
- Sometimes
- No

**5. Did the activities help you learn new information about managing Type 1 diabetes?**

- Yes, a lot       Some of them       No

**6. Write down two things that you remember learning about managing Type 1 diabetes from the session.**

i. ....

.....

ii. ....

.....

**7. How would you rate the length of your session?**

- Too long       Just right       Too short

**8. Did attending this session help you feel more confident to manage your Type 1 diabetes?**

- Yes       I don't know       No

**9. Do you have any ideas to help us improve this session for the future, or anything else you want us to know?**

**To be completed by a member of staff:**

Session date: .....

Diabetes team/health board.....

**Please return the completed questionnaires to the SEREN administrator**

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