

Celiac Education Assessment Survey

Part 1

(to be completed before class)

The purpose of this survey is to determine the needs of families recently diagnosed with celiac disease and then to determine how well I met those needs in this education session.

This survey is meant to be anonymous. I have provided a stamped envelope for mailing your completed survey back. I do not need your name, your child's name or any other identifiers on your survey. All I ask is for your honest opinion to help me improve!

1. Where did you find the information/knowledge you currently have on Celiac disease? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Books |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Healthcare Professional |
| <input type="checkbox"/> Other (explain) | |
-

2. Do any other family members have celiac disease? ☐ Yes ☐ No

The following questions can be answered by circling your response on a scale of 1 to 10 where:

(1= *I don't know anything*, 10= *I know everything*)

3. I would say that my knowledge of celiac disease is:

1 2 3 4 5 6 7 8 9 10

4. I would say that my knowledge of what foods contain gluten is:

1 2 3 4 5 6 7 8 9 10

Part 2

(to be completed after class)

The following questions can be answered by circling your response on a scale of 1 to 10 where:

(1= *I don't know anything*, 10= *I know everything*)

5. After the class, I would say that my knowledge of celiac disease is:

1 2 3 4 5 6 7 8 9 10

6. After the class, I would say that my knowledge of what foods contain gluten is:

1 2 3 4 5 6 7 8 9 10

7. Regarding the various topics covered in the class, how helpful did you find each topic?

The following questions can be answered by circling your response on a scale of 1 to 10 where:

(1= Not helpful at all 10= Extremely helpful)

Definition of Celiac Disease	1	2	3	4	5	6	7	8	9	10
Food sources of gluten	1	2	3	4	5	6	7	8	9	10
Oats and the gluten free diet	1	2	3	4	5	6	7	8	9	10
Reading labels and identifying gluten ingredients	1	2	3	4	5	6	7	8	9	10
Non food sources of gluten	1	2	3	4	5	6	7	8	9	10
Cross contact	1	2	3	4	5	6	7	8	9	10
FDA's Gluten Free Labeling Rule	1	2	3	4	5	6	7	8	9	10
Your child's need for a multivitamin	1	2	3	4	5	6	7	8	9	10
Allowable grains, seeds, and starches	1	2	3	4	5	6	7	8	9	10
Reliable sources of information	1	2	3	4	5	6	7	8	9	10
Gluten free resources (stores, books, websites)	1	2	3	4	5	6	7	8	9	10

8. What was the most helpful topic that we discussed in class?

9. What was least useful topic that we discussed in class?

10. Was the Celiac education class worth your time?

(1= not worth my time, 10=worth every second)

1 2 3 4 5 6 7 8 9 10

11. Did your child attend the Celiac education class? ☐ Yes ☐ No

If yes, how old is your child? _____

Did your child benefit from the class? ☐ Yes ☐ No

12. Who taught your education class? _____

13. Were you part of a group or individual class? _____

14. Anything else that you would like to comment on:

Thank you for taking the time to complete this survey!!