Request for Testimonial

Congratulations on your effort towards healthy lifestyle changes!

Would you please tell us how we helped you achieve your goals? We'd like to share your experience to help others like you!

Your First Name____________________________ Last Name__________________________

1. *Did the diabetes services improve your quality of life? If yes, can you explain how?*

2. *What can you do now that you couldn't do before?*

3. *Would you recommend this service? Why?*

4. *Are you willing to share your experience? If so, please sign the Release Form.*

5. *Did a healthcare professional refer you to this service? ___ Yes ___ No*

   If yes, what is his/her name and location? ____

Thank you!

Did your program just end? Send testimonials throughout the year. Testimonials accepted until February 5th, 2020. Send them to preventdiabetesnh@gmail.com.

February 19th, 2020

DO NOT COMPLETE THIS SECTION – For program use only

Did participant sign the Release Form?

___ Yes
___ No

Program (check only one)

____ DPP
____ DSMES

Type of Testimonial (check one)

___ Interim
___ Program Completion

Type of Submission (check all that apply)

___ Written* ___ Video*
___ Audio clip* ___ Photograph

* at least one of these is required

Participant Demographics

Ethnicity

___ White
___ Black or African American
___ American Indian or Alaska Native
___ Asian
___ Native Hawaiian & Other Pacific Islands
___ Some other race

Age

___ 18-34
___ 35-44
___ 45-54
___ 55-64
___ 65+

Gender

___ Male
___ Female
___ Non-Binary

______________________________________ ______________________________________
Authorized Signature & Date | Print Name

______________________________________ ______________________________________
Name of Organization | Position / Title

______________________________________ ______________________________________
Street Address | Your Email Address

______________________________________ ______________________________________
City, State and Zip Code | Your Phone Number

____
Preferred method of contact (phone or email)

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