Start Date_____

End Date_____

Survey Date_____

Office use only

Diabetes Project Participation Questionnaire

All of this information will be kept **CONFIDENTIAL**.

PID#_____ (office use only)

1. Name_____ Date of Birth_____
2. Address _____City _____State ___ Zip Code _____
3. Phone_____ Insurance _____
4. Do you have Diabetes? ☐Yes ☐ No

   If Yes, what type? ☐1 ☐2 ☐Gestational

5. When were you diagnosed with Diabetes? (what year?) _____
6. If you do not have diabetes, do you have a ☐ family member or ☐friend with diabetes

Health Status

Height_____ Weight_____ Date_____ Blood Pressure_____ Date_____

11. Is there one particular doctor that you think of as your regular personal doctor?
    ☐Yes ☐No
12. Are you currently receiving regular medical care for your diabetes? ☐Yes ☐No
13. Have you had a Hemoglobin A1c test in the past 6 months? ☐Yes ☐No

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Diabetes Knowledge

Circle one answer for each line

14. How do you rate your understanding of:	**Poor**		**Good**		**Excellent**
a) overall diabetes care	1	2	3	4	5
b) ways to cope with stress	1	2	3	4	5
c) meal plan for blood sugar control	1	2	3	4	5
d) the role of exercise in diabetes care	1	2	3	4	5
e) medications you are taking	1	2	3	4	5
f) how to use the results of blood sugar monitoring	1	2	3	4	5
g) how diet, physical activity, and medicines affect blood sugar levels	1	2	3	4	5
h) prevention and treatment of high blood sugar	1	2	3	4	5
i) prevention and treatment of low blood sugar	1	2	3	4	5
j) prevention of long-term complications of diabetes	1	2	3	4	5
k) taking care of your feet	1	2	3	4	5
l) benefits of improving blood sugar control	1	2	3	4	5

How sure are you?

Having a condition like diabetes means doing different tasks and activities to manage your health. (**Circle** the number that corresponds to your confidence that you can do the tasks regularly at the **present time**.)

How confident are you that you can,

15. do all the things necessary to manage your condition on a regular basis?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

16. keep stress and worry from interfering with the things you want to do?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

17. follow your meal plan when you have to prepare or share food with other people who do not have diabetes?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

18. choose the appropriate foods to eat when you are hungry (for example, snacks)?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

19. exercise at least 15 to 30 minutes a day, 4 to 5 most days of the week?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

20. know what to do when your blood sugar level goes higher or lower than it should be?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

21. judge when the changes in your health mean you should visit the doctor?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

22. control your diabetes so that it does not interfere with the things you want to do?

Not at all confident	1	2	3	4	5	6	7	8	9	10 Completely confident

Health Behavior

PLEASE ANSWER THE FOLLOWING PERTAINING TO AFTER YOU TOOK THE DIABETES – SELF MANAGEMENT CLASS:

23. How often have you been told to check your blood sugar?

_____

24. How often did you follow that schedule for checking blood sugar during the past week?

- ☐ None of the time
- ☐ Some of the time
- ☐ A good bit of the time
- ☐ All of the time

25. What type of meal plan have you been told to follow to manage your diabetes?

- ☐ Small frequent meals
- ☐ Food Guide Pyramid
- ☐ Plate Method
- ☐ Counting Carbohydrates
- ☐ Five a day
- ☐ Other (please specify) _____

26. Thinking about your meal plan, how often did you follow this plan during the past week?

- ☐ None of the time
- ☐ Some of the time
- ☐ A good bit of the time
- ☐ All of the time

27. During the past week, how often did you participate in regular exercise, and for how long did you exercise each time?

Number of times _____
Length of time _____
Type of exercise _____

28. What do you find to be the hardest part of living with diabetes?

_____
_____
_____
_____