



GATEWAY COMMUNITY HEALTH CENTER, INC.

Gateway Diabetes Self Management Project

Newsletter Success Stories Interview Form

Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Marital Status: _____ Number and ages of children: _____

Employment: ___ Unemployed ___ Part-time ___ Full-time

Type of employment or employment story: _____

Personal goals: _____

Unique or interesting situations in participant's life (hobbies, achievements, special activities):

1. How did you begin to manage your diabetes? _____

2. What are the pros and cons of making these changes? _____

3. What do you think other people are likely to do in your situation? _____

4. What are some new skills you have learned or begun to use to help you change? _____

5. What benefits have you experienced?

6. How have other people encouraged you? _____

7. Describe the positive reinforcement you have received. _____

8. Describe the skills you have mastered that help you keep your health habits. _____

9. Discuss those individuals and/or relationships that have helped support your new habits. _____

10. What exactly do they do for you? Describe how you feel about your risk of developing diabetes complications. _____

Potential interview location (e.g. home, clinic): _____

Availability of participant (times, dates, locations): _____

Other restrictions/limitations (employment, family, health, obligations, etc.): _____

Interviewer: _____

Date: _____