

## Lifestyle Survey

1. Are you currently following a food planning method?  
<sup>1</sup> Yes  
<sup>2</sup> No ← **GO TO QUESTION 4**
2. What food planning method(s) are you currently following? (**CHECK ALL THAT APPLY**)  
<sup>1</sup> Calorie counting  
<sup>2</sup> Carbohydrate counting  
<sup>3</sup> Exchange lists  
<sup>4</sup> Fat gram counting  
<sup>5</sup> Food pyramid/health choices  
<sup>6</sup> No added sugar  
<sup>7</sup> Low carbohydrate  
<sup>8</sup> Other (specify: \_\_\_\_\_)
3. How often do you follow a diabetes food plan?  
<sup>1</sup> Rarely  
<sup>2</sup> Sometimes  
<sup>3</sup> Most of the time  
<sup>4</sup> Always
4. Do you exercise?  
<sup>1</sup> Yes  
<sup>2</sup> No ← **GO TO QUESTION 8**
5. What types of exercise do you do? (**CHECK ALL THAT APPLY**)  
<sup>1</sup> Walking  
<sup>2</sup> Swimming  
<sup>3</sup> Biking  
<sup>4</sup> Sports  
<sup>5</sup> Active Job  
<sup>6</sup> Aerobic machine  
<sup>7</sup> Exercise class  
<sup>8</sup> Other (type: \_\_\_\_\_)
6. How many days per week do you exercise?  
<sup>1</sup> One day per week  
<sup>2</sup> 1 to 2 days per week  
<sup>3</sup> 3 to 4 days per week  
<sup>4</sup> 5 to 6 days per week  
<sup>5</sup> Every day
7. Each day you exercise, how many **total** minutes do you exercise?  
<sup>1</sup> 1 to 10 minutes per day  
<sup>2</sup> 11 to 15 minutes per day  
<sup>3</sup> 16 to 20 minutes per day  
<sup>4</sup> 21 to 30 minutes per day  
<sup>4</sup> More than 30 minutes per day
8. Has your weight changed in the past three months?  
<sup>1</sup> Yes, I've gained weight → # pounds gained \_\_\_\_\_  
<sup>2</sup> Yes, I've lost weight → # pounds lost \_\_\_\_\_  
<sup>3</sup> No change  
<sup>4</sup> I don't know
9. Do you test your blood sugar?  
<sup>1</sup> Yes  
<sup>2</sup> No → **GO TO QUESTION 11**
10. How often do you test your blood sugar?  
<sup>1</sup> 3 or more times per day  
<sup>2</sup> 1 to 2 times per day  
<sup>3</sup> A few times per week  
<sup>4</sup> A few times per month
11. How good do you feel about your progress in reaching the goals you set for managing your diabetes?  
<sup>1</sup> Excellent  
<sup>2</sup> Good  
<sup>3</sup> Fair  
<sup>4</sup> Poor  
<sup>5</sup> I have not set a goal yet
12. During the past 30 days, for about how many days have you felt sad, blue, or depressed?  
\_\_\_\_\_ days
13. How well do you know how to access resources to help manage your diabetes?  
<sup>1</sup> Very well  
<sup>2</sup> Well  
<sup>3</sup> Somewhat well  
<sup>4</sup> Not well  
<sup>5</sup> Not well at all

14. In general, how well do you believe that you can cope with diabetes-related stress?

- <sup>1</sup> Very well
- <sup>2</sup> Well
- <sup>3</sup> Somewhat well
- <sup>4</sup> Not well
- <sup>5</sup> Not well at all

15. How often do you take your oral medications/insulin at the scheduled times each day?

- <sup>1</sup> Always
- <sup>2</sup> Most of the time
- <sup>3</sup> Sometimes
- <sup>4</sup> Rarely
- <sup>5</sup> Not at all

16. How often do your family/friends/community support you in living with diabetes?

- <sup>1</sup> Always
- <sup>2</sup> Most of the time
- <sup>3</sup> Sometimes
- <sup>4</sup> Rarely
- <sup>5</sup> Not at all

Thinking about when you visit your doctor:

17A. How often do you ask questions about things you don't understand related to your diabetes?

- <sup>1</sup> Always
- <sup>2</sup> Most of the time
- <sup>3</sup> Sometimes
- <sup>4</sup> Rarely
- <sup>5</sup> Not at all

17B. How often do you prepare a list of questions to ask your doctor?

- <sup>1</sup> Always
- <sup>2</sup> Most of the time
- <sup>3</sup> Sometimes
- <sup>4</sup> Rarely
- <sup>5</sup> Not at all

17C. How often do you discuss any personal problems that may be related to your diabetes?

- <sup>1</sup> Always
- <sup>2</sup> Most of the time
- <sup>3</sup> Sometimes
- <sup>4</sup> Rarely
- <sup>5</sup> Not at all

Thinking about your participation in the Full Circle Diabetes Program activities (diabetes breakfasts and dinners, talking circles, physical activities, intergenerational sharings, medical case management, goal setting, personal training, nutrition counseling and outreach/video by the Diabetes Community Council):

18A. How much have you discussed what you have learned with your family or friends?

- <sup>1</sup> A lot
- <sup>2</sup> Quite a bit
- <sup>3</sup> Some
- <sup>4</sup> Very little
- <sup>5</sup> Not at all

18B. How much has the information helped you better manage your diabetes?

- <sup>1</sup> A lot
- <sup>2</sup> Quite a bit
- <sup>3</sup> Some
- <sup>4</sup> Very little
- <sup>5</sup> Not at all

19. How can the Full Circle Diabetes Program better support you in managing your diabetes?

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*Thank you*