Campesinos Sin Fronteras Campesinos Diabetes Management Program

Participant Assessment

Contact Information

| ID Number | Date |
|-------------------------------------|--|
| Last name | First name |
| Address | |
| Zip Code Phone | |
| 1. How long ago were you diagnose | d with diabetes?years ormonths |
| 2. What is your greatest worry abo | ut having diabetes? |
| 3. What are symptoms of uncontro | lled diabetes? |
| | |
| 4. Do you experience any of these s | ymptoms? |
| 5. What do you do when you have | hese symptoms? |
| | f things you eat to better control your diabetes? |
| | f how you can prepare food in a healthy way? |
| 8. Could you give some examples o | f foods that you limit in your diet? |
| 9. When you are at a party or fami | ly get-together, how do you make healthy choices? |
| 2 | did at home or work during the past week. Now think about those activities that it is are walking fast, gardening or yard work, or swimming. |
| 10. How many days in the week did | l you do these activities for 30 minutes or more?days |
| | ty in the past week, why not? |
| 11. Do you have any goals for contr | colling your diabetes? YesNo |

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| 12. How supportive is yo | our family i | n helpii | ng you c | ontrol | our diabetes? | |
|----------------------------|--------------|----------|------------|----------|-----------------------|----------------------------|
| | 1 | 2 | 3 | 4 | 5 | |
| | Very | | | | Not very | |
| 13. If your family is supp | portive, cou | ıld you | give son | ne exan | ples of how they help | you control your diabetes? |
| | | | | | | |
| 14. When you are depres | | | · | • | | - |
| What do you do? | | | | | | |
| 15. How comfortable do | you feel ta | lking al | oout dia | betes w | th: | |
| Your extended family: | 1 | 2 | 3 | 4 | 5 | |
| | Very | | | | Not very | |
| Your doctor: | 1 | 2 | 3 | 4 | 5 | |
| | Very | | | | Not very | |
| Your friends: | 1 | 2 | 3 | 4 | 5 | |
| | Very | | | | Not very | |
| 16. Have you seen your j | provider si | nce rece | eiving yo | our dial | etes card? Yes No |) |
| If yes, have you show | wn him/her | your ca | ard? No |) Ye | 8 | |
| If yes, who did you s | show it to? | | | | Did he/she rea | ad it? No Yes |
| 17. Will you use the card | l (again) in | the fut | ure? N | 0 Y | s | |
| Why or why not? | | | | | | |
| 18. How comfortable are | e you askin | g your j | provider | r to wri | e down information o | on your card? |
| | 1 | 2 | 3 | 4 | 5 | |
| | Very | | | | Not very | |
| | | | | | | |
| | | | Dem | ograpł | c Information | |
| DOB/_/ A | Age: | Mar | ital statu | s: marri | ed single widowe | d |
| Ethnicity: Asian Hispa | anic Af | rican Ai | nerican_ | Nat | ve American Ang | lo Other |
| Education: Some high sch | nool Hi | igh scho | ol S | Some co | lege College grad | B eyond college |
| Employment status: Full t | ime Pa | art time | Not | employ | ed | |
| Currently or ever worked | in agricultu | re: Yes_ | No_ | | | |
| Health Insurance: Yes | No Ca | rrier | | | | |
| Income level: | | | | | | |
| <\$10,000 \$10,000-\$ | 20,000 | \$20,00 | 00-\$30,0 | 00 | \$30,000-\$40,000 | >\$40,000 |
| Years in community: < 1 | year | 1-5 | years | 5-10 | years >10years_ | |
| Place of birth: U.S | Mexico | _ Othe | er | | | |

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