

Diabetes Project Participation Questionnaire

Start Date _____

End Date _____

Office use only

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 _____ E-mail _____
4. Church _____
5. Emergency contact person _____
6. Phone(s) _____
7. Insurance _____

8. Which of the following best describes your race?

- White or Caucasian
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other _____ (please describe)

9. What is the highest grade you completed in school? (Check one box)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Grade School								High School				College				Post Grad

10. Are you employed? Yes No Retired
11. Do you have Diabetes? Yes No
- If Yes, what type? 1 2 Gestational
12. When were you diagnosed with Diabetes? (what year?) _____
13. If you do not have diabetes, do you have a family member or friend with diabetes
14. During the past year, have you participated in an educational program about diabetes? Yes No

- How did you hear about our class?
- Barber shop Denver Health Mailing
 - Beauty Salon Church Friend/family
 - TV Other _____

Health Status

Height_____ Weight_____ Date_____ Blood Pressure_____ Date_____

15. Is there one particular doctor that you think of as your regular personal doctor?

Yes No

16. If, yes, how long has this person been your doctor?

- Less than 6 months
- Between 6 months and 1 year
- 1 to 2 years
- 3 to 5 years
- More than 5 years

17. Are you currently receiving regular medical care for your diabetes? Yes No

18. Have you had a Hemoglobin A1c test in the past 6 months? Yes No

19. Are you currently a smoker? Yes No

20. Has a doctor ever told you that you have high cholesterol? Yes No

21. Has a doctor ever told you that you have high blood pressure? Yes No

In the last year, have you had:

22. A foot exam Yes No

23. An eye exam Yes No

24. A flu shot Yes No

25. A dental exam Yes No

26. A urine test for protein Yes No

27. How would you rate your overall health? Excellent Good Fair Poor

Diabetes Knowledge

Circle one answer for each line

28.	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

29. Who helps you the **most** in caring for your diabetes?

- | | |
|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Community Health Worker |
| <input type="checkbox"/> Other family members | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Friends | <input type="checkbox"/> No one |
| <input type="checkbox"/> Paid helper | <input type="checkbox"/> Other health care professional |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Case manager |
| <input type="checkbox"/> Nurse | |

Do you go to a Denver Health clinic for your diabetes care? (for example Eastside, Montbello, Park Hill, Lowry, etc.) Yes No

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,

30. 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
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31. 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
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32. 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
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33. 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
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34. 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
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35. 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
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36. 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
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37. 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
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Health Behavior

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

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

- | | |
|---|---|
| <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time |
| <input type="checkbox"/> A good bit of the time | <input type="checkbox"/> All of the time |

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

- | | |
|---|---|
| <input type="checkbox"/> Small frequent meals | <input type="checkbox"/> Food Guide Pyramid |
| <input type="checkbox"/> Plate Method | <input type="checkbox"/> Counting Carbohydrates |
| <input type="checkbox"/> Five a day | <input type="checkbox"/> Other (please specify) _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> None of the time | <input type="checkbox"/> Some of the time |
| <input type="checkbox"/> A good bit of the time | <input type="checkbox"/> All of the time |

42. 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 _____

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

If you would like, you may participate in a survey about what it is like to have diabetes and the care you get for your diabetes. You may be asked to take the survey up to three times until October 31, 2006. Every time you complete the survey, you will get \$15.00. It will take about 35 minutes. You might be called by a company called "Research Triangle Institute International" (RTI) for the survey, or you might receive it in the mail.

Would you like to take the survey? Yes No

Signature _____

Date _____