

Campeños Sin Fronteras
Campeños Diabetes Management Program
Participant Assessment

Contact Information

ID Number _____ Date _____
Last name _____ First name _____
Address _____
Zip Code _____ Phone _____

1. How long ago were you diagnosed with diabetes? ____ years or ____ months
2. What is your greatest worry about having diabetes? _____

3. What are symptoms of uncontrolled diabetes? _____

4. Do you experience any of these symptoms? _____

5. What do you do when you have these symptoms? _____

6. Could you give some examples of things you eat to better control your diabetes?

7. Could you give some examples of how you can prepare food in a healthy way?

8. Could you give some examples of foods that you limit in your diet?

9. When you are at a party or family get-together, how do you make healthy choices?

Please think about the activities you did at home or work during the past week. Now think about those activities that make your heart beat faster. Some examples are walking fast, gardening or yard work, or swimming.

10. How many days in the week did you do these activities for 30 minutes or more? ____ days
If you didn't do any physical activity in the past week, why not? _____

11. Do you have any goals for controlling your diabetes? Yes ___ No ___
What are they? _____
