

### Diabetes Project Post Participation Questionnaire

All of this information will be kept **CONFIDENTIAL**.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

1. Are you employed?  Yes  No  Retired
2. Are you currently receiving regular medical care for your diabetes?  Yes  No
3. Have you had a Hemoglobin A1c test in the past 6 months?  Yes  No
4. Are you currently a smoker?  Yes  No
5. Has a doctor ever told you that you have high cholesterol?  Yes  No
6. Has a doctor ever told you that you have high blood pressure?  Yes  No
7. Number of work days missed in the last year because of diabetes.  0  1-10  11-25  26+
8. How would you rate your overall health?  Excellent  Good  Fair  Poor
9. How would you rate your knowledge of diabetes:  Excellent  Good  Fair  Poor

**In the last year, have you had:**

10. A foot exam  Yes  No
11. An eye exam  Yes  No
12. A flu shot  Yes  No
13. A dental exam  Yes  No
14. A urine test for protein  Yes  No
15. The reason you have not received the tests marked "no" above is:  
 too expensive  no insurance  too busy  inconvenient  
 did not know I should take this test  other \_\_\_\_\_

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

- Spouse       Paid helper       Friends  
 Doctor       Nurse       Other family members  
 Other health care professional       Other (please specify) \_\_\_\_\_  No one

17. Do you prefer to manage your diabetes:  on your own     with a personal friend     with group help

18. Currently, you exercise:       1-3 times per week       4-7 times per week     None

19. If you received a pedometer from us, are you using it?     Yes     No     Did not receive

20. When you exercise, how long do you exercise for (*minutes per day*)?

- 0-15       16-30       31-45       46-60       61+

21. Are you using any of the indoor walking sites available?

- Sidney High School       West Side School       Village Square Mall  
 St. Matthew's Walking Path       Healthworks       Savage School  
 Lambert School       East Fairview School       Other \_\_\_\_\_

22. Has there been any change in your physical activity level since joining Diabetes Project?

- Increase in physical activity       Decrease in physical activity       No change

23. Has there been any change in your weight since joining the Diabetes Project:

- Increase in weight       Decrease in weight       No change

24. If you lost weight, what has worked for you? \_\_\_\_\_

25. Have you been monitoring your weight with us (Diabetes Watchers)?       Yes       No

26. Did you try any of the Tasty Fork entrées or bites at participating restaurants?     Yes       No

27. Have you participated in the diabetes education groups?       Yes       No

If yes, how have the diabetes education groups helped you?

- increased knowledge     increased awareness     lifestyle changes     other \_\_\_\_\_

28. Ideas for future topics you would be interested in: \_\_\_\_\_

29. How do you find our newsletter helpful?

- increased knowledge of diabetes       increased awareness of diabetes       recipes  
 to know upcoming activities       helps with lifestyle changes  
 other \_\_\_\_\_       Did not find the newsletter helpful

30. What subjects would you like more information on? \_\_\_\_\_

31. Since joining the diabetes project, have you set any diabetes management goals?     Yes     No

32. If yes, in what areas?      If you set a goal in any of the following areas, how are you doing?

Did you set self-management goals in the following areas?	How are you doing? Use scale of 1-5 1=never started, 2=started but stopped, 3=doing somewhat, 4=doing exactly what I said I would do, 5=doing better than I said
Exercise <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating habits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Taking medication <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitoring blood sugars <input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot care <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	

33. How could the diabetes project further assist you in living healthier?

\_\_\_\_\_

34. If you have stopped or decreased participating in the diabetes project, what are your reasons?

\_\_\_\_\_

35. Do you have any other comments or suggestions?

\_\_\_\_\_

Thank you for your input! Please return to us in the enclosed self addressed stamped envelope.