

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

Did you set self-management goals in any of 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.