

Diabetes Project Participation Questionnaire

Start Date_____

End Date_____

Office use only

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

PID#_____ (office use only)

Name_____ DOB_____ Sex: M F

Address_____ City_____ State__ Zip_____

Phone(s)_____ Best time to call? M T W TH F AM PM Evening

E-mail_____

Insurance Provider_____

Primary Health Care Provider_____

For how long?_____

Are you currently receiving regular care for your diabetes? YES NO

Emergency contact person_____ Phone(s)_____

Education level: Elementary High School Bachelor's Master's Doctorate

Race: Caucasian Native American Hispanic Latino Spanish African-American Other_____

When were you diagnosed with Diabetes?_____

Has a doctor ever told you that you have high blood pressure? YES NO

Are you a smoker? YES NO

Height_____

Weight_____ Date_____

Weight_____ Date_____

Blood pressure_____ Date_____

Blood pressure_____ Date_____

Fat% BMI_____ Date_____

Fat% BMI_____ Date_____

Continued on back

Please **circle** the correct answer.

1. I am diabetic YES NO Type? 1 2
2. If not diabetic I am family/friend to a diabetic. YES NO
3. I am employed. YES NO RETIRED
4. I have had my clinical foot examination within the past year. YES NO
5. I have had an eye exam within the past year. YES NO
6. I have been tested for microalbuminuria (urine) test within the past year. YES NO
7. I have received my flu shot within the past year. YES NO
8. I have received a pneumonia shot. YES NO
9. I have received my HbA1C (average blood sugar) test regularly. YES NO
10. I have NOT received the above tests because TOO EXPENSIVE NO INSURANCE
I'M NOT DIABETIC OTHER_____
11. My main support is from DOCTOR FAMILY FRIENDS OTHER_____
12. Number of work days missed in the last year because of diabetes. 0 1-10 11-25 26+
13. I perceive my health status as EXCELLENT GOOD FAIR POOR
14. Would you be willing to share your health test (i.e. HbA1c) scores with us? YES NO
If YES, please sign form. Thank you.
15. I feel my knowledge on diabetes is EXCELLENT GOOD FAIR POOR
16. I exercise 1-3X/WEEK 4-7X/WEEK NONE
17. How did you hear about our projects? RADIO NEWSPAPER MAILING TV
DOCTOR FRIEND/FAMILY OTHER_____