## Campesinos Sin Fronteras Campesinos Diabetes Management Program

Participant Assessment

## **Contact Information**

ID Number	Date
Last name	First name
Address	
Zip Code Phone	
1. How long ago were you diagr	nosed with diabetes?years ormonths
2. What is your greatest worry	about having diabetes?
3. What are symptoms of uncor	atrolled diabetes?
4. Do you experience any of the	se symptoms?
5. What do you do when you ha	ve these symptoms?
	es of things you eat to better control your diabetes?
	es of how you can prepare food in a healthy way?
8. Could you give some example	es of foods that you limit in your diet?
9. When you are at a party or fa	amily get-together, how do you make healthy choices?
	ou did at home or work during the past week. Now think about those activities that make apples 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 ac	tivity in the past week, why not?
, , ,	ontrolling your diabetes? Yes No

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12. How supportive is yo	ur family i	n helpir	ng you co	ontrol	your diabetes?	
	1	2	3	4	5	
	Very				Not very	
13. If your family is supp	ortive, cou	ıld you	give som	e exan	aples of how they help you control your o	diabetes?
14. When you are depres	sed or in a	bad mo	ood, how	do yo	u think it is related to your diabetes?	
What do you do?						
15. How comfortable do	you feel tal	lking ab	out dial	oetes w	ith:	
Your extended family:	1	2	3	4	5	
	Very				Not very	
Your doctor:	1	2	3	4	5	
	Very				Not very	
Your friends:	1	2	3	4	5	
	Very				Not very	
l6. Have you seen your p	rovider sir	ice rece	eiving yo	ur dia	oetes card? Yes No	
If yes, have you show	vn him/her	your ca	ard? No	Y	s	
If yes, who did you s	how it to?				Did he/she read it? No Yes_	_
17. Will you use the card	_					
Why or why not?						
18. How comfortable are	you asking	g your p	provider	to wri	te down information on your card?	
	1	2	3	4	5	
	Very				Not very	
				_	ic Information	
	-				ed single widowed	
					ive American Anglo Other	
Education: Some high sch	ool Hi	gh scho	ol S	ome co	llege College grad B eyond colleg	ge
Employment status: Full ti					ed	
Currently or ever worked i	•					
Health Insurance: Yes	No Ca	rrier				
Income level:						
<\$10,000 \$10,000-\$2	20,000	\$20,00	00-\$30,0	00	\$30,000-\$40,000 >\$40,000	
Years in community: < 1	year	1-5 y	years	5-1	) years >10years	
Place of birth: U.S	Mexico	Othe	er			

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