BUILDING COMMUNITY SUPPORT FOR DIABETES SELF MANAGEMENT

QUESTIONNAIRE – PATIENT

Date:	_ Age:	Birthdate:	Male or Female
Ethnicity: (please circle one) Hispanic – Mexican Central American South American Haitian African American Non-hispanic white Asian			
How long have you had diabetes?			
What are you doing t Changed eatin Exercise Oral Medicat Check fasting	ng habits	Regu Noth Othe	ılar insulin shots ing r (please specify)
Do you take your medicine as prescribed?If no, why not?			
Do you prepare your meals based on the diet recommended by your physician or nutritionist? If not, why not?			
In your culture, who is considered beautiful A very thin woman or manA <i>plump</i> woman or man A woman or man with a <i>little</i> meatA very heavy woman or man on their bones			
 Check all that apply: I think that diabetes is a serious illness and will do whatever is necessary to manage it. Diabetes runs in my family, so there was no way for me to keep from getting it. I will die one day, so I should enjoy life and eat what I want. 			
Is there anything else you know you <i>should</i> be doing, but are not? If so, why?			
Are you employed? Full-time Part-time			
Where do you work?		What	is your job?
How many days in the past month did you miss work due to diabetes-related complications?			
Have you ever been fired from a job due to excessive absences because of your diabetes? If yes, how many times?			
What would you say, is the most difficult part of managing your diabetes?			
What do you think would help you to better manage your diabetes?			
Please check all that support you in managing your diabetes: husband/wife child			
Aunt/uncle	cousin/friend	church/synage	ogue neighbor/co-worker
This product was developed by the Prescription for Health Diabetes Project at the Open Door Health Center in Homestead, FL with support from the Robert Wood Johnson Foundation® in Princeton, NJ.			