

***Defy  
Diabetes!***

## **Participant Survey**

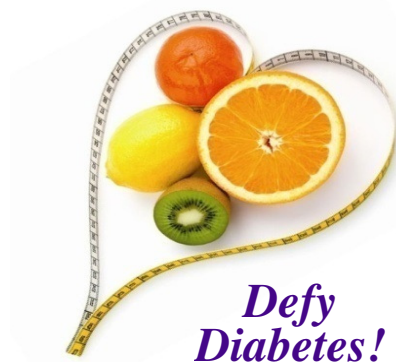
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Please mark your response(s) to each question. We understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs. If you have any questions, please ask your program volunteers for clarification.

All information will be kept confidential.

### ***Tell us about yourself...***

- 1) Are you:                      Male <sub>1</sub>                      Female <sub>2</sub>
- 2) How old are you? \_\_\_\_\_ Years old
- 3) How much schooling have you completed? (*Check one box*)
- |  |  |
|--|--|
| <input type="checkbox"/> <sub>1</sub> 8th grade or less    | <input type="checkbox"/> <sub>4</sub> Some college or technical school |
| <input type="checkbox"/> <sub>2</sub> Some high school     | <input type="checkbox"/> <sub>5</sub> College graduate                 |
| <input type="checkbox"/> <sub>3</sub> High school graduate | <input type="checkbox"/> <sub>6</sub> Graduate degree                  |
- 4) Are you Hispanic or Latino? (*Check one box*)    Yes <sub>1</sub>                      No <sub>2</sub>
- 5) What is your race? (*Check one box*)
- |   |
|---|
| <input type="checkbox"/> <sub>1</sub> White   |
| <input type="checkbox"/> <sub>2</sub> Black or African American or African ancestry |
| <input type="checkbox"/> <sub>3</sub> Asian   |
| <input type="checkbox"/> <sub>4</sub> Native Hawaiian or other Pacific Islander     |
| <input type="checkbox"/> <sub>5</sub> American Indian or Alaska Native              |
| <input type="checkbox"/> <sub>6</sub> Other [Please specify] _____                  |



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6) Do you have any health care coverage, such as health insurance, prepaid plans (such as an HMO) or a government plan (such as Medicaid or Medicare)? *(Check one box)*

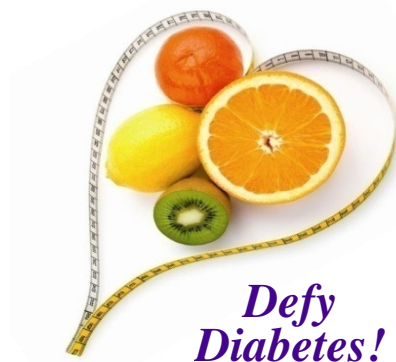
- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Don't know / Not sure

7) In general, would you say your health is: *(Check one box)*

- <sub>1</sub> Excellent
- <sub>2</sub> Very Good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor
- <sub>9</sub> Don't know / Not sure

8) Have you ever been told by a doctor that you have diabetes?  
*(Check one box)*

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> No, but I have been told I have pre-diabetes or  
borderline diabetes
- <sub>4</sub> No, but I have been told I am at risk for diabetes
- <sub>9</sub> Don't know / Not sure



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9) Are you a member of this congregation?

<sub>1</sub> Yes

<sub>2</sub> No

10) Where do you usually get your health care? (*Check one box*)

<sub>1</sub> Clinic or health center

<sub>2</sub> Doctor's office or HMO

<sub>3</sub> Hospital emergency room

<sub>4</sub> Hospital outpatient department

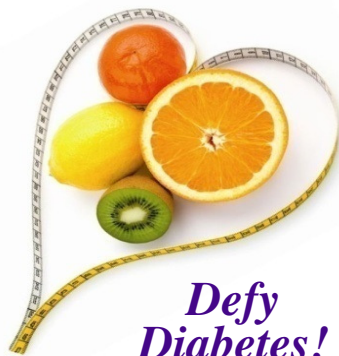
<sub>5</sub> Don't have a usual source

<sub>9</sub> Don't know / Not sure

### **Current Health**

11) When was the last time that you had the following tests?

My last	Within the last 6 months	6 months to 1 year ago	1 to 2 years ago	More than 2 years ago	Never been tested
a) A1c test	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
b) Cholesterol test	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
c) Blood pressure reading	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>



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### **Lifestyle Behaviors**

- 12) During the last week, how many days did you eat five or more servings of fruits and vegetables? (A serving of fruit is  $\frac{1}{2}$  cup; a serving of vegetables is  $\frac{1}{2}$  to 1 cup.)

Number of days

0	1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 13) During the last week, how many days did you eat high-fat foods? (Red meat, full-fat dairy products, full-fat pastries or other desserts are examples of high-fat foods.)

Number of days

0	1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 14) During the last week, how many days did you do at least 30 minutes of physical activity? (Total minutes without stopping, including walking, taking the stairs, dancing, or other physical activity that you might do at home or work.)

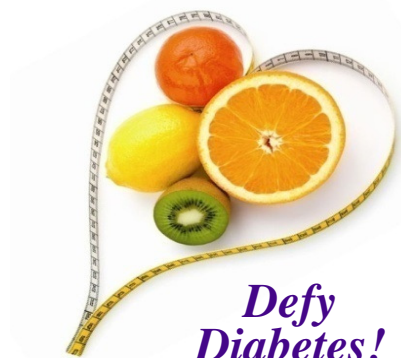
Number of days

0	1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 15) During the last week, how many days did you do a specific exercise (such as swimming, brisk walking, biking) other than what you do around the house or as part of your work?

Number of days

0	1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

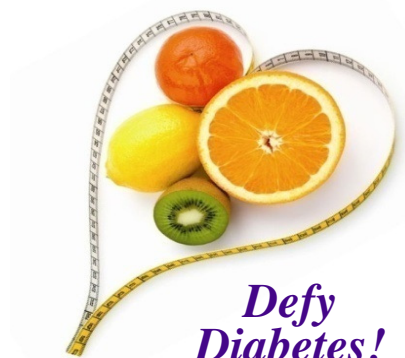


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***Understanding of Diabetes***

- 1) The diabetes diet is a healthy diet for most people.  
<sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know
  
- 2) A1c is a test that measures your average blood sugar in the past week.  
<sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know
  
- 3) A serving of chicken has more carbohydrates in it than a serving of potatoes.  
<sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know
  
- 4) Orange juice has more fat in it than low fat milk.  
<sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know
  
- 5) Unsweetened fruit juice raises blood sugar.  
<sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

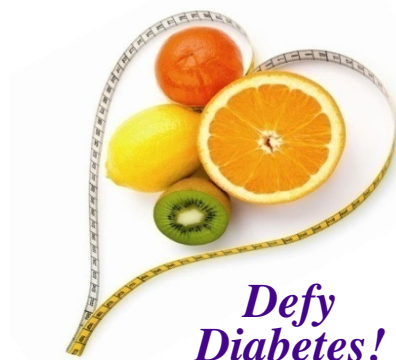


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- 6) A can of diet soft drink can be used for treating low blood sugar.
- <sub>a</sub> True
- <sub>b</sub> False
- <sub>c</sub> Don't know
- 7) Using olive oil in cooking can help prevent high cholesterol.
- <sub>a</sub> True
- <sub>b</sub> False
- <sub>c</sub> Don't know
- 8) Exercising regularly can help reduce high blood pressure.
- <sub>a</sub> True
- <sub>b</sub> False
- <sub>c</sub> Don't know
- 9) For people whose blood sugar is in good control, exercise has no effect on blood sugar.
- <sub>a</sub> True
- <sub>b</sub> False
- <sub>c</sub> Don't know



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10) Infection is likely to increase blood sugar.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

11) Wearing shoes a size bigger than usual helps prevent foot ulcers.

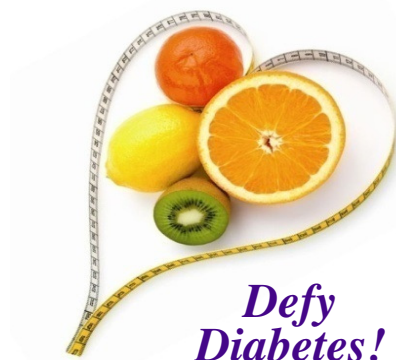
- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

12) Eating foods lower in fat decreases your risk for heart disease.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

13) Numbness and tingling in the feet and/or legs may be symptoms of nerve damage.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know



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14) Diabetes can cause lung problems.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

15) When you are sick with the flu, you should test your blood sugar more often.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

16) High blood sugar may be caused by too much insulin.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

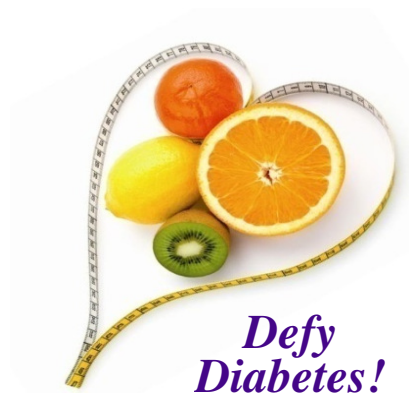
17) If you take your morning insulin but skip breakfast, your blood sugar will usually decrease.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know

18) Having regular check-ups with your doctor can help spot the early signs of diabetes complications.

- <sub>a</sub> True  
<sub>b</sub> False  
<sub>c</sub> Don't know





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### ***Personal Goals***

4. Do you have any personal goals you want to achieve?

Yes <sub>1</sub>    No <sub>2</sub>

If “Yes”, then...

4.1 Please select your goals. (*Check all that apply*)

- <sub>a</sub> Lose weight
- <sub>b</sub> Exercise more
- <sub>c</sub> Eat better
- <sub>d</sub> Lower my blood sugar
- <sub>e</sub> Prevent diabetes
- <sub>f</sub> Test my blood more often
- <sub>g</sub> Help my spouse/other relative
- <sub>h</sub> Lower my blood pressure
- <sub>i</sub> Improve my cholesterol
- <sub>j</sub> Other

***Thank you!***