

Volunteer Survey

Version 2.3

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.

All the information will be kept confidential.

Tell us about yourself...

- 1) Which are you? Male ₁ Female ₂

- 2) How old are you? _____ Years old

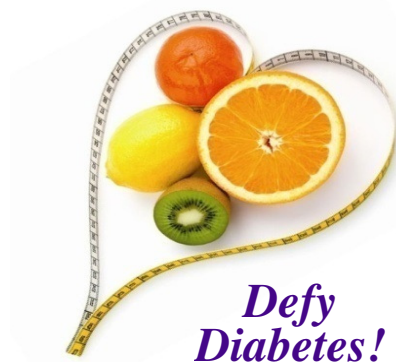
- 3) How much schooling have you completed? *(Check one box)*

<input type="checkbox"/> ₁ 8th grade or less	<input type="checkbox"/> ₄ Some college or technical school
<input type="checkbox"/> ₂ Some high school	<input type="checkbox"/> ₅ College graduate
<input type="checkbox"/> ₃ High school graduate	<input type="checkbox"/> ₆ Graduate degree

- 4) Are you Hispanic or Latino? *(Check one box)* Yes ₁ No ₂

- 5) What is your race? *(Check one box)*

<input type="checkbox"/> ₁ White
<input type="checkbox"/> ₂ Black or African American or African ancestry
<input type="checkbox"/> ₃ Asian
<input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander
<input type="checkbox"/> ₅ American Indian or Alaska Native
<input type="checkbox"/> ₆ Other [Please specify] _____



Volunteer Survey

Version 2.3

6) Do you have any kind of 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*)

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

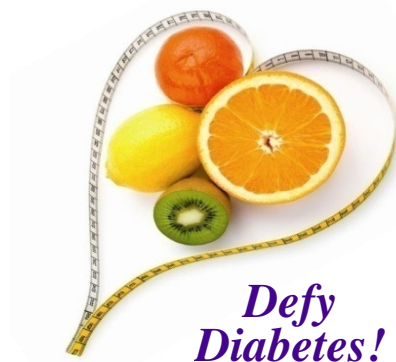
7) In general, would you say your health is: (*Check one box*)

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

8) Have you ever been told by a doctor that you have diabetes?

(*Check one box*)

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



Defy Diabetes! Volunteer Survey

Version 2.3

9) Are you a health care professional?

₁ Yes

₂ No

If "Yes", please indicate your profession:

₁ MD/DO

₄ Psychologist/Psychiatrist

₂ Physician Asst

₅ Social Work

₃ Nurse

₆ Other

10) Does your congregation have a health ministry?

₁ Yes

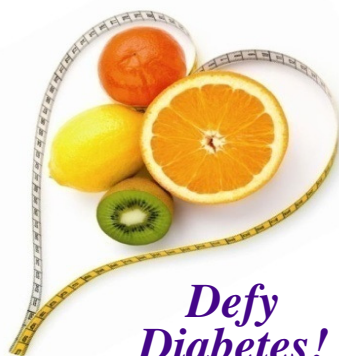
₂ No

Defy Diabetes Sessions

Session #1 Healing the Body: Diabetes Prevention

Did you...

- | | | | |
|-----------------------------------------------------------|-------------------------------------------|------------------------------------------|--------------------------------------------------|
| 1. Change any printed wording? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 2. Change or replace any pictures or images? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 3. Change or replace any examples to be more appropriate? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 4. Give at least a 1-hour session? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 5. Drop a topic within a class? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |



*Defy
Diabetes!*

Volunteer Survey

Version 2.3

Session #2 Healthy Eating

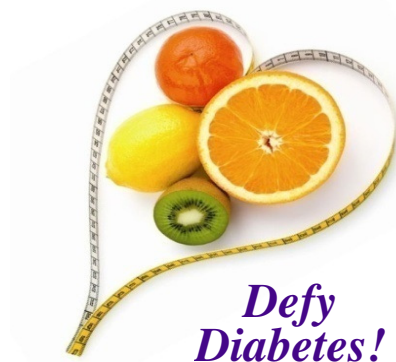
Did you...

- | | | | |
|-----------------------------------------------------------|-------------------------------------------|------------------------------------------|--------------------------------------------------|
| 1. Change any printed wording? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 2. Change or replace any pictures or images? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 3. Change or replace any examples to be more appropriate? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 4. Give at least a 1-hour session? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 5. Drop a topic within a class? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |

Session #3 Healing the Spirit Through Self-Care

Did you...

- | | | | |
|-----------------------------------------------------------|-------------------------------------------|------------------------------------------|--------------------------------------------------|
| 1. Change any printed wording? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 2. Change or replace any pictures or images? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 3. Change or replace any examples to be more appropriate? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 4. Give at least a 1-hour session? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |
| 5. Drop a topic within a class? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | <input type="checkbox"/> ₉ Don't know |



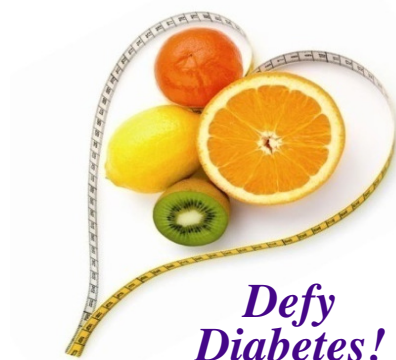
Volunteer Survey

Version 2.3

Sessions #4, #5, and #6

Please indicate the topic/theme for your last 3 sessions.

Topic/Theme:	Session #4	Session #5	Session #6
a. Track Your Numbers	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Reading Nutrition Facts Labels & Recipes	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Practicing Your Faith at the Table	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. The Cost of Eating Well	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. What Exactly Should I Eat?	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Empowering Families to Make Healthy Choices	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Challenges to Healthy Eating and Strategies for Improvement	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Smart Snacking	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Dance!	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Unraveling the Stress-Obesity Knot	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
k. Pedometer Power	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6



***Defy
Diabetes!***

Volunteer Survey

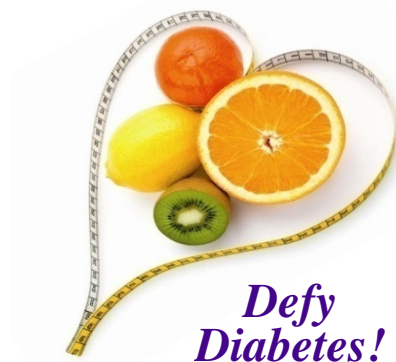
Version 2.3

Linkages with local resources:

Have you, your health ministry or the leadership of your congregation contacted any of the following people, businesses, or organizations about addressing diabetes in your community?

(Check all that apply)

- | | |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> _a IFL Program Associate | <input type="checkbox"/> _l Fitness Facility/Gymnasium |
| <input type="checkbox"/> _b Private Practice Doctor | <input type="checkbox"/> _m Potential Program Funder |
| <input type="checkbox"/> _c Nurse | <input type="checkbox"/> _n Incentives Supplier |
| <input type="checkbox"/> _d Clinic | <input type="checkbox"/> _o Psychologist/counselor |
| <input type="checkbox"/> _e Hospital | <input type="checkbox"/> _p Drugstore/pharmacist |
| <input type="checkbox"/> _f Certified Diabetes Educator | <input type="checkbox"/> _q American Diabetes Association office |
| <input type="checkbox"/> _g Health Insurance Agent | <input type="checkbox"/> _r Community Coalitions for Diabetes Prevention |
| <input type="checkbox"/> _h Screening Agency | <input type="checkbox"/> _s New York Diabetes Coalition |
| <input type="checkbox"/> _i Dietician/Nutritionist | <input type="checkbox"/> _t NY State Diabetes Prevention and Control Program |
| <input type="checkbox"/> _j Fitness Instructor | <input type="checkbox"/> _u Other |
| <input type="checkbox"/> _k Supermarket/Grocery Store | |



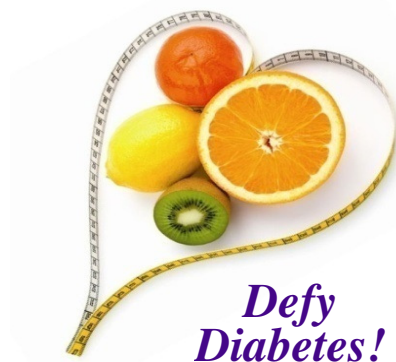
*Defy
Diabetes!*

Volunteer Survey

Version 2.3

Organizational Support

- | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|
| 1) Did your diabetes program have administrative support? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 2) Did your congregation's staff help with recruitment for your diabetes program? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 3) Did your diabetes program need additional financial support? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 4) Were you assigned adequate meeting space for your diabetes program? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 5) Were you assigned consistent meeting space for your diabetes program? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 6) Will your congregation offer the diabetes program again? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 7) Would you be willing to lead additional diabetes classes? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 8) Do you plan to seek funding support to continue this diabetes program? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |



Volunteer Survey

Version 2.3

Defy Diabetes Training

1. How would you rate your knowledge of type 2 diabetes **before the training program?**

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. How would you rate your knowledge of type 2 diabetes **after the training program?**

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. How well did the **training program** prepare you to present “Defy Diabetes” education sessions?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. How well did the training program prepare you to provide emotional and behavioral support to participants during the “Defy Diabetes” program?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. Overall, how would you rate the support you received from IFL for “Defy Diabetes”?

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. Did you get financial support from the “Institute for Leadership”?

1 Yes

2 No

Thank you!