

NDEP Diabetes HealthSense Participant Pre Survey

The National Diabetes Education Program is trying to find out how well the Diabetes HealthSense website can help people at risk for diabetes and people with diabetes. You will help improve Diabetes HealthSense by taking this survey. This survey will take you about 20 minutes to complete. The survey includes questions about you and your health. Unless the directions say otherwise, please choose one response for each question. Your survey answers are private.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

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ID Code

To keep your responses private an ID code will be created using the following information.

Please write YOUR first and last initials.

[Example: If your name is Jane Smith choose "J" for your First name initial and "S" for your Last name initial; If your name is Jane Doe-Smith choose "J" for your First name initial and "D" for your Last name initial]

First name initial

Last name initial

What is the MONTH and YEAR of your birth?

[Example: Choose May and 1995 if your birthday is May 22, 1995]

Birth Month

Birth Year

Birth date:

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Please choose your program location:

Site 1

Site 2

Site 3

Site 4

Site 5

Site 6

Site 7

Site 8

Site 9

Site 10

Site 11

Site 12

Site 13

Site 14

Site 15

Resources

1. How often do you look for information on preventing or managing diabetes?

- Never
- Rarely
- Sometimes
- Often

2. Where have you received or found information about diabetes prevention and management? (Choose one or more)

- Health care provider
- Mass media (such as TV, radio, newspaper)
- Social media (such as Facebook)
- Internet
- Mail
- Friends/family
- Diabetes education class or program
- Professional associations
- None of the above

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Resources

3. In the last month, have you participated in a diabetes education class or program? (For example, attended one or more individual or group classes or meetings with a diabetes educator, nurse or dietitian?)

- No
- Yes

If yes, please specify

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Resources

4. How would you describe your experience with these NDEP resources?

	Never heard of it	Heard of it but do not have it	Have it but have not used it	Have it and used it once	Have it and use it a lot
a. Small Steps. Big Rewards: Your GAMEPLAN to Prevent Type 2 Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Choose More than 50 Ways to Prevent Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Paso a Paso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Get Real! You Don't Have to Knock Yourself Out to Prevent Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Resources

5. How often in the past month have you used the...

	Never	Once this month	2-3 times this month	Once a week	More than once a week
a. NDEP Diabetes HealthSense Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The American Diabetes Association Website (Diabetes.org)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Risk

6. Has a doctor or other health professional ever told you that you: (Choose one or more)

- Have Type 1 diabetes
- Have Type 2 diabetes
- Have prediabetes or borderline diabetes
- Have high blood glucose, impaired fasting glucose, or impaired glucose tolerance?
- Are at risk for diabetes

7. Which, if any, of the following is true for you? (Choose one or more)

- I have a mother, father, sister, or brother with diabetes
- I have been told by a doctor or other health professional that I have high blood pressure
- I have been told by a doctor or other health professional that I have high cholesterol
- I am NOT physically active
- I was diagnosed with gestational diabetes during any of my pregnancies
- I have given birth to a baby weighing 9 pounds or more
- I smoke

Knowledge and Behaviors

8. Which of the following can quickly raise your blood glucose?

- Baked chicken
- Swiss cheese
- Baked potato
- Peanut butter

9. Eating foods lower in saturated and trans fat decreases your risk for:

- Nerve disease
- Kidney disease
- Heart disease
- Eye disease

Knowledge and Behaviors

10. The A1C is a measure of your average blood glucose for the past:

- Day
- Week
- 2-3 months
- 6 months

11. Which should not be used to treat low blood glucose?

- 3 hard candies
- 1/2 cup orange juice
- 1 cup diet soft drink
- 1 cup skim milk

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Knowledge and Behaviors

12. Which of the following is the least amount of physical activity you should do to prevent or manage diabetes?

- 30 minutes of activity, five times a week (or 150 minutes per week)
- 10 minutes of activity, seven days a week (or 70 minutes per week)
- 45 minutes of activity, six days a week (or 270 minutes per week)

13. Which of the following exercise programs includes a mix of strength, flexibility and aerobic activities?

- Walking, running, and swimming
- Lifting weights, push-ups, sit-ups
- Walking, lifting weights, stretching
- Stretching, deep breathing, meditating

Knowledge and Behaviors

14. The best way to lose weight is to:

- Limit amount of physical activity
- Increase portion sizes
- Combine healthy eating and exercise
- Reduce dietary fat without reducing calories

15. Which of the following factors contribute to a person's weight? (Choose one or more)

- Family history and genetics
- Environment
- Metabolism
- Behavior or habits

Knowledge and Behaviors

16. The best way to take care of your feet is to:

- Check them each day for cuts, blisters and swelling
- Massage them with alcohol each day
- Soak them for one hour each day
- Buy shoes a size larger than usual

17. People with diabetes whose blood glucose is out of control are at greater risk of which complications? (Choose one or more)

- Serious eye problems
- Circulation problems
- Kidney Problems
- Allergy problems
- Gum disease
- Heart attack or stroke

Knowledge and Behaviors

18. Which of the following may be a sign of an emotional low and/or depression in a person with diabetes?

(Choose one or more)

- Sleeps most of the day
- Does not have an interest or find pleasure in activities
- Does not feel in control of their diabetes
- Discusses diabetes care with family and friends

19. Depression can raise your blood glucose by causing you to eat too much, do too little, and reduce your motivation to take care of yourself.

- True
- False

20. Which of the following steps are important ways to help you achieve your goals? (Choose one or more.)

- Making a plan with realistic goals
- Tracking progress
- Avoiding rewards
- Using a support system

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Knowledge and Behaviors

21. For each statement, please check the option that best describes your behaviors.

Have you:

	No, and I do not plan to	No, but I plan to within the next 6 months	No, but I plan to within the next month	Yes, I started this less than 6 months ago	Yes, I have been doing this for 6 months or longer
a. Looked for resources to help you learn about or help you manage your diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Set a healthy eating or weight loss goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Reduced the amount of fat in your diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reduced the number of calories you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Kept track of what you eat and drink most days of the week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Set a physical activity goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Fit exercise into your daily routine (for example, took the stairs instead of elevator, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Exercised for 30 minutes at least 5 days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Kept track of your physical activity most days of the week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Knowledge and Behaviors

22. Are you seriously thinking of quitting smoking?

- I have never smoked or I quit more than 6 months ago
- I am not thinking of quitting
- I plan to quit within the next 6 months
- I plan to quit within the next 30 days
- I quit within the last 6 months

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Please indicate the degree to which each of the following items may be bothering you. If you feel that a particular item is not a bother or a problem for you, you would check "1." If it is very bothersome to you, you might check "6."

23. How much do the following feelings bother you in your life?

	Not a problem 1	2	3	4	5	Serious problem 6
a. Feeling overwhelmed by the demands of living with diabetes or at risk of developing diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling that you are often failing with your diabetes or diabetes prevention regimen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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24. How confident do you feel that you can...

	Not at all confident					Totally confident
	1	2	3	4	5	6
a. Find resources to help you learn about or manage your diabetes or your risk for diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Set a healthy eating or weight loss goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Reduce the amount of fat in your diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reduce the number of calories you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Keep track of what you eat and drink most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Set a physical activity goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Fit exercise into your daily routine (for example, take the stairs instead of elevator, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Exercise for 30 minutes at least 5 days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Keep track of your physical activity most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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25. How confident do you feel that you can follow your health care provider's recommendations for...

	Not at all confident					Totally Confident	Does not apply
	1	2	3	4	5	6	
a. Checking your blood glucose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Taking medications for diabetes, blood pressure, cholesterol, or heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Checking your blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Checking your feet for redness or sores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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26. Think back over the past month. How often did you...

	Never	Rarely	Sometimes	Often	All of the time
a. Fill half of your plate with fruits and vegetables at each meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reduce the amount of fat in your diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Reduce the number of calories you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Reduce the number of unhealthy snacks and desserts/sweets you eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reduce your portion sizes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Choose drinks without added sugar like diet sodas and unsweetened tea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Follow your diet goals and plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Track your diet to measure progress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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27. Think back over the past month. How often did you...

	Never	Rarely	Sometimes	Often	All of the time
a. Exercise for 30 minutes at least 5 days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fit exercise into your daily routine (for example, take stairs instead of elevator, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Do different types of exercises such as stretching, strength training, walking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Follow your exercise goals and plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Track your exercise to measure progress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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28. Think back over the past month. How often did you do the following to cope with stress and emotions?

	Never	Rarely	Sometimes	Often
a. Exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Use relaxation techniques such as meditation or deep breathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Participate in a support group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Use the support of family and friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Participate in enjoyable hobbies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Participate in faith-based activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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29. Think back over the past month. How often did you follow your health care provider's recommendations for...

	Never	Rarely	Sometimes	Often	All of the time	Does not apply
a. Checking your blood glucose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Taking medications for diabetes, blood pressure, cholesterol, or heart disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Checking your blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Checking your feet for redness or sores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About You

30. What is your gender?

- Female
- Male

31. How old are you?

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

About You

32. What is your height? (feet and inches)

Height Feet Inches

33. What is your weight? (lbs)

About You

34. Are you Hispanic or Latino?

- No
- Yes

35. What is your race? (Choose one or more)

- Black or African American
- White
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian

36. Is English your primary language?

- No
- Yes

About You

37. What is the highest level of education you have completed?

- Some high school (grades 9-11)
- High school degree or GED
- Associate degree (2-year)
- College degree (4-year)
- Graduate degree

38. Please check the category that represents your annual household income.

- Less than \$15,000
- \$15,000-\$35,000
- \$36,000-\$50,000
- \$51,000-\$75,000
- Over \$75,000

About You

39. How often do you use the internet at home?

- Rarely or Never
- 2-3 times a month
- Once a week
- 2-3 times a week
- Daily

40. How often do you need to have someone help you understand written instructions, pamphlets, or other materials from your doctor or pharmacy?

- Never
- Rarely
- Sometimes
- Often
- Always

Thank you for completing our survey.