# Diabetes HealthSense

# Participant Post Survey

The National Diabetes Education Program (NDEP) 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 are 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.

**ID Code**

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

|  |  |
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| Please write down **YOUR first and last initials**: [*Example: Jane Smith is J.S;* *Jane Doe-Smith is J.D*.] |  First Initial Last Initial |

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| What is your **MONTH and YEAR** of BIRTH? *[Ex: Write 05/95 if your birthday is May 22, 1995]* |  /  MM YR  |

**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 12□ Site 12□ Site 13□ Site 14□ Site 15 |

**Resources**

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| 1. **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** |
| 1. NDEP Diabetes HealthSense Website
 | □ | □ | □ | □ | □ |
| 1. Resources you found on the Diabetes HealthSense Website
 | □ | □ | □ | □ | □ |
| 1. The American Diabetes Association Website (Diabetes.org)
 | □ | □ | □ | □ | □ |

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| 1. **How helpful do you think the following were?**
 | **Not helpful at all** | **A little helpful** | **Helpful** | **Very helpful** | **Never used this website** |
| 1. Diabetes HealthSense Website
 | □ | □ | □ | □ | □ |
| 1. Resources you found on the Diabetes HealthSense Website
 | □ | □ | □ | □ | □ |
| 1. **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** |
| 1. *Small Steps. Big Rewards: Your GAMEPLAN to Prevent Type 2 Diabetes*
 | http://ndep.nih.gov/Images/NDEP/resources/diabetes-healthsense/related/409.jpg | □ | □ | □ | □ | □ |
| 1. *4 Steps to Manage Your Diabetes for Life*
 | http://ndep.nih.gov/images/NDEP/publications-thumbnails/ndep-67.jpg | □ | □ | □ | □ | □ |
| 1. *Choose More than 50 Ways to Prevent Diabetes*
 |  | □ | □ | □ | □ | □ |
| 1. *Paso a Paso*
 |  | □ | □ | □ | □ | □ |
| 1. *Tasty Recipes for people with diabetes*
 |  | □ | □ | □ | □ | □ |

1. **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

**4a. If Yes, please specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Knowledge and Behaviors**

1. **Which of the following can quickly raise your blood glucose (blood sugar)?**

□ Baked chicken

□ Swiss cheese

□ Baked potato

□ Peanut butter

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

□ Nerve disease

□ Kidney disease

□ Heart disease

□ Eye disease

1. **The A1C is a measure of your average blood glucose (blood sugar) for the past:**

□ Day

□ Week

□ 2-3 months

□ 6 months

1. **Which should not be used to treat low blood glucose (blood sugar)?**

□ 3 hard candies

□ 1/2 cup orange juice

□ 1 cup diet soft drink

□ 1 cup skim milk

1. **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)

1. **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

1. **(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

1. **Which of the following factors contribute to a person’s weight? *(Choose one or more)***

□ Family history and genetics

□ Environment

□ Metabolism

□ Behavior or habits

1. **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

1. **People with diabetes whose blood glucose (blood sugar) 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

1. **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

1. **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

1. **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

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

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| 1. **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** |
| 1. Looked for resources to help you learn about or manage your diabetes?
 | □ | □ | □ | □ | □ |
| 1. Set a healthy eating or weight loss goal?
 | □ | □ | □ | □ | □ |
| 1. Reduced the amount of fat in your diet?
 | □ | □ | □ | □ | □ |
| 1. Reduced the number of calories you eat?
 | □ | □ | □ | □ | □ |
| 1. Kept track of what you eat and drink most days?
 | □ | □ | □ | □ | □ |
| 1. Set a physical activity goal?
 | □ | □ | □ | □ | □ |
| 1. Fit exercise into your daily routine (for example, took the stairs instead of elevator, etc)?
 | □ | □ | □ | □ | □ |
| 1. Exercised for 30 minutes at least 5 days a week?
 | □ | □ | □ | □ | □ |
| 1. Kept track of your physical activity most days of the week?
 | □ | □ | □ | □ | □ |

1. **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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| 1. **How much do the following feelings bother you in your life?**
 | **Not a problem** | **Moderate Problem** | **Serious Problem** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| 1. Feeling overwhelmed by the demands of living with diabetes or at risk of developing diabetes.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Often feeling that I am failing with my diabetes or diabetes prevention regimen.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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| 1. **How confident do you feel that you can…**
 | **Not At All** **Confident** | **Totally** **Confident** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| 1. Find resources to help you learn about or manage your diabetes or your risk for diabetes?
 | □ | □ | □ | □ | □ | □ |
| 1. Set a healthy eating or weight loss goal?
 | □ | □ | □ | □ | □ | □ |
| 1. Reduce the amount of fat in your diet?
 | □ | □ | □ | □ | □ | □ |
| 1. Reduce the number of calories you eat?
 | □ | □ | □ | □ | □ | □ |
| 1. Keep track of what you eat and drink most days of the week?
 | □ | □ | □ | □ | □ | □ |
| 1. Set a physical activity goal?
 | □ | □ | □ | □ | □ | □ |
| 1. Fit exercise into your daily routine (for example, take the stairs instead of elevator, etc)?
 | □ | □ | □ | □ | □ | □ |
| 1. Exercise for 30 minutes at least 5 days a week?
 | □ | □ | □ | □ | □ | □ |
| 1. Keep track of your physical activity most days of the week?
 | □ | □ | □ | □ | □ | □ |

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| 1. **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** |
| 1. Checking your blood glucose (blood sugar).
 | □ | □ | □ | □ | □ | □ | □ |
| 1. Taking medications for diabetes, blood pressure, cholesterol, or heart disease?
 | □ | □ | □ | □ | □ | □ | □ |
| 1. Checking your blood pressure?
 | □ | □ | □ | □ | □ | □ | □ |
| 1. Checking your feet for redness or sores?
 | □ | □ | □ | □ | □ | □ | □ |

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| 1. **Think back over the past month. How often did you…**
 | **Never**  | **Rarely**  | **Sometimes**  | **Often** | **All of the time**  |
| 1. Fill half of your plate with fruits and vegetables at each meal?
 | □ | □ | □ | □ | □ |
| 1. Reduce the amount of fat in your diet?
 | □ | □ | □ | □ | □ |
| 1. Reduce the number of calories you eat?
 | □ | □ | □ | □ | □ |
| 1. Reduce the number of unhealthy snacks and desserts/sweets you eat?
 | □ | □ | □ | □ | □ |
| 1. Reduce your portion sizes?
 | □ | □ | □ | □ | □ |
| 1. Choose drinks without added sugar like diet sodas and unsweetened tea?
 | □ | □ | □ | □ | □ |
| 1. Follow your diet goals and plans?
 | □ | □ | □ | □ | □ |
| 1. Track your food plan to measure progress?
 | □ | □ | □ | □ | □ |

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| 1. **Think back over the past month. How often did you…**
 | **Never** | **Rarely** | **Sometimes** | **Often** | **All of the time** |
| 1. Exercise for 30 minutes at least 5 days a week?
 | □ | □ | □ | □ | □ |
| 1. Fit exercise into your daily routine (for example, take stairs instead of elevator, etc)?
 | □ | □ | □ | □ | □ |
| 1. Do different types of exercises such as stretching, strength training, walking?
 | □ | □ | □ | □ | □ |
| 1. Follow your exercise goals and plans?
 | □ | □ | □ | □ | □ |
| 1. Track your exercise to measure progress?
 | □ | □ | □ | □ | □ |

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| 1. **Think back over the past month. How often did you do the following to cope with stress and emotions?**
 | **Never** | **Rarely** | **Sometimes** | **Often** |
| 1. Exercise?
 | □ | □ | □ | □ |
| 1. Use relaxation techniques such as meditation or deep breathing?
 | □ | □ | □ | □ |
| 1. Participate in a support group?
 | □ | □ | □ | □ |
| 1. Use the support of family and friends?
 | □ | □ | □ | □ |
| 1. Participate in enjoyable hobbies?
 | □ | □ | □ | □ |
| 1. Participate in faith-based activities?
 | □ | □ | □ | □ |

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| 1. **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** |
| 1. Checking your blood glucose (blood sugar).
 | □ | □ | □ | □ | □ | □ |
| 1. Taking medications for diabetes, blood pressure, cholesterol, or heart disease?
 | □ | □ | □ | □ | □ | □ |
| 1. Checking your blood pressure?
 | □ | □ | □ | □ | □ | □ |
| 1. Checking your feet for redness or sores?
 | □ | □ | □ | □ | □ | □ |