



Survey Login Page

Login

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Thank you for agreeing to take this survey. The first question is for grouping purposes, helping us select the questions to ask you later in the survey and correctly analyze your responses.

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A1. What is your age?

years old

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Introduction to the Survey

You qualify to take part in a survey that will take 20 minutes to complete. You will be asked questions about your knowledge and behaviors for preventing or delaying diabetes and its complications as well as a few questions about your background. The goal of this survey, which will include approximately 2,500 individuals nationwide, is to provide the National Diabetes Education Program (NDEP) at the NIH National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) with more detailed information about the efforts people in the US are making to prevent or delay diabetes.

Your responses will be kept in a secure manner, and no personal identification information will be shared with the sponsors of this study. In addition, your name or other personal information will never be associated with your responses. The survey data collected will be combined with that of all participants before it is analyzed.

There are no physical risks involved in being part of this study. It is possible, however, that you could find some of the questions to be sensitive. If you find a survey question to be too personal, you may choose not to answer the question. Your participation is strictly voluntary and you may stop your participation at any time. The benefit of participating in this study is to assist the NDEP in determining a nationwide estimate of the public's knowledge of and behaviors for preventing diabetes and its complications.

This survey is being conducted on behalf of the NDEP/NIDDK (<http://ndep.nih.gov/>) and Social & Scientific Systems, Inc. (SSS, www.s-3.com), a research organization that conducts studies on many types of health and social issues. If you have any questions about this study, you can contact the GfK Panel Member Support Center at 1-800-782-6899 and you will be directed to the appropriate researchers. If you have concerns about the study and want to speak with someone not directly involved in it, please call the Copernicus Group, the Independent Review Board for this research. You can call them toll-free at 888-393-2224, Monday through Friday, 8 am to 5 pm ET. [INCLUDE REFERENCE OR TRACKING NUMBER AND PI NAME]. You can also submit a question on their web site at <http://www.cgirb.com/about/contact-us/>

You can talk to them about:

- your rights as a research subject
- concerns about the research
- a complaint about the research
- any pressure you feel to take part or continue in the study

Please print or save a copy of this document for your records.

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I have read and understand the information provided above and the study purpose and procedures are clear to me.

[Terminate if NO or skip]

- Yes, I agree to participate in this study.
- No, I do not wish to participate in this study.



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Purpose of Survey:

The National Diabetes Education Program conducts this survey every few years. The purpose is to learn what adults in the US know about diabetes. We want to learn about the knowledge and habits of people who have diabetes, as well as people who do not have diabetes.

Diabetes means that your blood glucose (blood sugar) is too high. There are two main types of diabetes:

- Type 1 diabetes occurs when the body does not make insulin. Insulin helps the body use glucose (sugar) from food for energy. People with type 1 need to take insulin every day.
- Type 2 diabetes (also called high blood sugar) occurs when the body does not make or use insulin well. People with type 2 often need to take pills or insulin. Type 2 is the most common form of diabetes.

This survey includes questions about you, your understanding of diabetes, and your health. Your survey responses will help us understand how to improve the way we talk to the public about diabetes.

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**SECTION 1: General Health, Diabetes Diagnosis, and Family History of Diabetes [ALL]
[DETERMINATION OF DIABETES STATUS]**

These first few questions are about diabetes. Diabetes means that a person's blood glucose or blood sugar is too high. There are two main types of diabetes, type 1 and type 2.

1. Has a doctor or other health professional ever told you that you have diabetes or sugar diabetes? Please do not include prediabetes, gestational diabetes or high blood sugar during pregnancy, or borderline diabetes.

- Yes, I have been told I have diabetes
- No, I have not been told I have diabetes *[FEMALES SKIP TO Q. 4; MALES SKIP TO Q. 6]*
- Don't know

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2. Type 1 diabetes is when the body does not make insulin and must take insulin on a daily basis. This is also known as juvenile diabetes or insulin-dependent diabetes.

Have you been told by a doctor or other health professional that you have type 1 diabetes?

- Yes, I have been told I have type 1 diabetes [SKIP TO Q. 8]
- No, I have not been told I have type 1 diabetes
- Don't know

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3. Type 2 diabetes is when the body does not make or use insulin well. This is the most common form of diabetes. Type 2 is also known as adult-onset diabetes.

Have you been told by a doctor or other health professional that you have type 2 diabetes?

- Yes, I have been told I have type 2 diabetes [SKIP TO Q. 8]
- No, I have not been told I have type 2 diabetes
- Don't know

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4. **FEMALES Only:** Have you been pregnant in the past 10 years; that is, since 2004?

- Yes
- No [SKIP TO Q. 6]

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5. Were you told by a doctor or other health professional that you had gestational diabetes or high blood sugar during pregnancy?

- Yes
- No

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6. Have you ever been told by a doctor or other health professional that you have any of the following:

	Yes	No
Higher than normal blood sugar, but not high enough to be called diabetes?	<input type="radio"/>	<input type="radio"/>
Prediabetes?	<input type="radio"/>	<input type="radio"/>
Borderline diabetes?	<input type="radio"/>	<input type="radio"/>
High blood sugar, impaired fasting glucose, or glucose intolerance?	<input type="radio"/>	<input type="radio"/>

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7. Have you ever been told by a doctor or other health professional that you are at high risk for diabetes?

- Yes, I have been told I am at high risk for diabetes
- No, I have not been told I am at high risk for diabetes

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8. In the past 12 months, have you had any of these tests?

	Yes	No	Don't Know
Hemoglobin A1C or glycosylated hemoglobin test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fasting blood sugar test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral glucose tolerance test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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9. This question is about your biological or blood relatives. Does your mother, father, sister or half-sister, or brother or half-brother have diabetes?

	Yes	No	Don't Know	Does not apply
Mother (biological)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father (biological)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister or half-sister (biological)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother or half-brother (biological)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10. How much do you weigh without shoes?

(NOTE for Programmer: Allowable RANGE 75-600 pounds)

 pounds

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10a. You entered {XXX} pounds, is this correct?

- Yes
- No [RE-ENTER CORRECT WEIGHT]

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11. How tall are you without shoes?

(NOTE for Programmer: Allowable RANGE 4'6" - 7'6")

FEET INCHES



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11a. You entered {XXX} feet, {XXX} inches, is this correct?

- Yes
- No [RE-ENTER CORRECT FEET OR INCHES]

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12. Do you think the following health problems can be caused by diabetes?

	Yes	No
Blindness	<input type="radio"/>	<input type="radio"/>
Foot ulcers	<input type="radio"/>	<input type="radio"/>
Impotence, erectile dysfunction (ED)	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
High blood pressure or hypertension	<input type="radio"/>	<input type="radio"/>
Memory loss, dementia	<input type="radio"/>	<input type="radio"/>
Sleep apnea or short pauses in breathing while sleeping	<input type="radio"/>	<input type="radio"/>
Amputation, loss of foot or leg	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Heart attack, heart condition, heart disease	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Death	<input type="radio"/>	<input type="radio"/>



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[WILL BE FILTERED TO SHOW ONLY THOSE THEY SELECTED IN PREVIOUS QUESTION AS CAUSED BY DIABETES, AND WILL ALLOW UP TO 3 CHOICES. IF 3 OR FEWER CHOICES IN PREVIOUS QUESTION, THIS QUESTION IS NOT ASKED.]

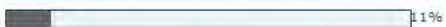
13. Of the health problems you think can be caused by diabetes, which do you think are the **3 most serious** problems? **PLEASE CHOOSE NO MORE THAN 3 ANSWERS.**

- Blindness
- Foot Ulcers
- Impotence, erectile dysfunction (ED)
- High cholesterol
- High blood pressure or hypertension
- Memory loss, dementia
- Sleep apnea or short pauses in breathing while sleeping
- Amputation, loss of foot or leg
- Stroke
- Heart attack, heart condition, heart disease
- Kidney disease
- Depression
- Death

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14. Are you aware that type 2 diabetes can be prevented?

- Yes
- No

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SECTION 2: Perceived Risk [PEOPLE NOT DIAGNOSED WITH DIABETES]

Now we would like to know your thoughts about your chance of getting type 2 diabetes.

15. Do you feel you have a chance of getting type 2 diabetes?

- Yes
- No [*SKIP TO Q. 19*]

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16. How high do you think is your chance of getting diabetes: high, somewhat high, or not very high?

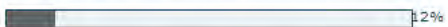
- Very high
- Somewhat high
- Somewhat low
- Very low

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17. I think I have a chance of getting type 2 diabetes because of my:

	Yes	No
Family's history of diabetes	<input type="radio"/>	<input type="radio"/>
Weight	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>
Level of physical activity/exercise	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>
<i>[FEMALES who answered YES to Q. 5 ONLY]</i> History of gestational diabetes/diabetes during my pregnancy	<input type="radio"/>	<input type="radio"/>
Other reason	<input type="radio"/>	<input type="radio"/>

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18. Do you think you can reduce your chance of getting type 2 diabetes?

- Yes
- No
- Don't know

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SECTION 3: Behaviors to Prevent/Delay Diabetes [PEOPLE NOT DIAGNOSED WITH DIABETES]

Advice/Counseling to Prevent/Delay Diabetes

We are interested in what you may be doing to prevent or delay type 2 diabetes.

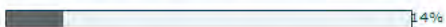
19. In the past 12 months, did anyone give you advice or counseling about how to prevent diabetes?

- Yes--I got advice or counseling
- No--No one gave me advice or counseling [SKIP TO Q. 31]

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20. In the past 12 months, who gave you advice or counseling about how to prevent diabetes?

	Yes	No
Doctor	<input type="radio"/>	<input type="radio"/>
Nurse practitioner	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>
Physician's assistant (PA)	<input type="radio"/>	<input type="radio"/>
Diabetes Educator	<input type="radio"/>	<input type="radio"/>
Registered dietitian (RD)	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>
Family member(s)	<input type="radio"/>	<input type="radio"/>
Friend(s)	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>
Online help representative	<input type="radio"/>	<input type="radio"/>
Someone else	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

21. From your doctor, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

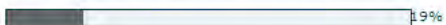
22. From your nurse practitioner, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input checked="" type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input checked="" type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

23. From your nurse, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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20%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

24. From your physician's assistant (PA), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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21%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

25. From your diabetes educator, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

26. From your registered dietitian (RD), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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23%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

27. From your pharmacist, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

28. From your family member(s), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

29. From your friend(s), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE CHECKED IN Q. 20]

30. From your online help representative, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Take medicines	<input type="radio"/>	<input type="radio"/>

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31. In the past 12 months, have you been doing anything to reduce your chance of getting diabetes?

- Yes
- No [SKIP to Q. 33]

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32. In the past 12 months, have you been doing any of the following to reduce your chance of getting diabetes?

	Yes	No [SKIP TO Q.33]
Managing your weight or losing weight?	<input type="radio"/>	<input type="radio"/>
Reducing calories and/or portion sizes in your diet?	<input type="radio"/>	<input type="radio"/>
Increasing the amount that you exercise?	<input type="radio"/>	<input type="radio"/>
Taking medicines as prescribed?	<input type="radio"/>	<input type="radio"/>
Planning to have bariatric surgery?	<input type="radio"/>	<input type="radio"/>
Building more physical activity into your daily work or at home?	<input type="radio"/>	<input type="radio"/>
Walking (including walking for exercise, walking to or from and while at work)?	<input type="radio"/>	<input type="radio"/>
Doing other light or moderate household (e.g., chores, gardening) or recreational activities or sports (e.g., bowling, yoga)?	<input type="radio"/>	<input type="radio"/>
Doing vigorous activities or sports (e.g., biking, jogging, swimming, or aerobics)?	<input type="radio"/>	<input type="radio"/>

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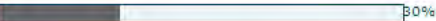
33. In the past 12 months, did you attend any classes, programs, coaching or counseling sessions to help you prevent or delay your chance of getting diabetes and its complications?

- Yes
- No [SKIP TO Q. 43]

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34. In the past 12 months, which types of classes, programs, coaching or counseling sessions to help you prevent or delay your chance of getting diabetes and its complications did you attend?

	Yes	No
Weight loss	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>
Health/Wellness	<input type="radio"/>	<input type="radio"/>
Stress management	<input type="radio"/>	<input type="radio"/>
Somking cessation	<input type="radio"/>	<input type="radio"/>
Other, specify	<input type="radio"/>	<input type="radio"/>

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34sp. Please specify which other types of classes, programs, coaching or counseling sessions helped you prevent or delay your chance of getting diabetes and its complications did you attend?

Empty text input field.

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32%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

35. In the past 12 months, how often do/did you attend classes, programs, coaching or counseling sessions for:

	I attend regularly	I attend occasionally	I attended only once
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and Wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

36. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for weight loss?

	Yes	No
My doctor or other health professional.	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

37. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for exercise?

	Yes	No
My doctor or other health professional	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

38. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for nutrition?

	Yes	No
My doctor or other health professional	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

39. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for health and wellness?

	Yes	No
My doctor or other health professional	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

40. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for stress management?

	Yes	No
My doctor or other health professional	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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NDEP National Diabetes Education Program

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

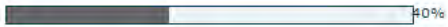
41. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for smoking cessation?

	Yes	No
My doctor or other health professional	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "YES" ABOVE IN Q. 34]

42. Did any of the following offer or provide the classes, programs, coaching or counseling sessions for other topics?

	Yes	No
My doctor or other health professional	<input type="radio"/>	<input type="radio"/>
My health care insurance plan	<input type="radio"/>	<input type="radio"/>
My employer	<input type="radio"/>	<input type="radio"/>
The local community	<input type="radio"/>	<input type="radio"/>
Private business	<input type="radio"/>	<input type="radio"/>

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43. In the next 6 months, how likely are you to become more active to reduce your chance of getting diabetes?

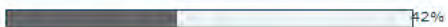
- Very likely
- Somewhat likely
- Not at all likely

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44. In the next 6 months, how likely are you to lose weight to reduce your chance of getting diabetes?

- Very likely
- Somewhat likely
- Not at all likely

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IF ANSWER "NOT AT ALL LIKELY" from either Q.43 or Q. 44 above:

45. Why are you not likely to do something to reduce your chance of getting diabetes?

	Yes	No
I do not know what else to do	<input type="radio"/>	<input type="radio"/>
I do not have support from friends or family	<input type="radio"/>	<input type="radio"/>
I have given up trying	<input type="radio"/>	<input type="radio"/>
I do not believe it will make a difference	<input type="radio"/>	<input type="radio"/>
I do not have money for diabetes education programs or classes	<input type="radio"/>	<input type="radio"/>
I do not have time	<input type="radio"/>	<input type="radio"/>
I am too busy	<input type="radio"/>	<input type="radio"/>
Other things are more important to me right now	<input type="radio"/>	<input type="radio"/>
I have not thought about it before	<input type="radio"/>	<input type="radio"/>
Some other reason	<input type="radio"/>	<input type="radio"/>



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46. In the past 12 months, has anyone encouraged you to attend any programs or classes or change your lifestyle (such as changing eating or exercise habits) to help you prevent diabetes?

- Yes
- No [*SKIP TO Q. 49*]

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47. In the past 12 months, who encouraged you to attend programs or classes or change your lifestyle (such as changing eating or exercise habits) to help you prevent diabetes?

	Yes	No
Doctor	<input type="radio"/>	<input type="radio"/>
Diabetes educator	<input type="radio"/>	<input type="radio"/>
Registered dietitian (RD)	<input type="radio"/>	<input type="radio"/>
Other health professional (e.g., nurse, nurse practitioner, physician assistant, pharmacist)	<input type="radio"/>	<input type="radio"/>
Family member(s)	<input type="radio"/>	<input type="radio"/>
Friend(s)	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>
Someone else	<input type="radio"/>	<input type="radio"/>

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48. Do you use social media (e.g., Facebook, Twitter) to help you learn about diabetes?

- Yes--I often use it to help learn about diabetes
- Yes--but only once in a while to learn about diabetes
- No--I never use it to learn about diabetes

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SECTION 4: Diabetes Self-Management/Self-Efficacy **[PEOPLE WITH DIABETES ONLY]**

49. How old were you when a doctor or other health professional first told you that you had diabetes?

[NOTE to Programmer: RANGE is 0 to 99 years]

age (in years) when first told had diabetes

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49a. You entered {XX} years, is this correct?

- Yes
- No [RE-ENTER CORRECT AGE]

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50. Have you ever heard of the term A1C, also known as glycosylated hemoglobin or hemoglobin A1C?

- Yes
- No

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51. The A1C test measures the average level of blood sugar over the previous 3 months.

in the past 12 months, how often has a doctor or other health professional checked your A1C level?

- More than once
- Only once
- Not at all
- Don't know

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Advice for Preventing Further Health Problems from Your Diabetes

The next few questions ask about advice you may have received for managing your diabetes and related health problems.

52. In the past 12 months, did anyone give you advice or counseling about how to prevent other health problems caused by diabetes?

- Yes
- No [SKIP TO Q. 65]

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53. In the past 12 months, which of the following people gave you advice or counseling about how to prevent other health problems caused by diabetes?

	Yes	No
Doctor	<input type="radio"/>	<input type="radio"/>
Nurse practitioner	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>
Physician's assistant (PA)	<input type="radio"/>	<input type="radio"/>
Diabetes educator	<input type="radio"/>	<input type="radio"/>
Registered dietitian (RD)	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>
Family Member(s)	<input type="radio"/>	<input type="radio"/>
Friend(s)	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>
Online help representative	<input type="radio"/>	<input type="radio"/>
Someone else	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

54. From your doctor, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

55. From your nurse practitioner, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

56. From your nurse, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

57. From your physician's assistant (PA), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

58. From your diabetes educator, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>



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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

59. From your registered dietitian (RD), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

60. From your pharmacist, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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51%

[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

61. From your family member(s), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

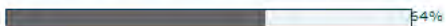
62. From your friend(s), did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

63. From your online help representative, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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[WILL BE FILTERED TO DISPLAY ONLY THOSE "YES" ANSWERS IN Q. 53]

64. From someone else, did you receive advice or counseling to:

	Yes	No
Control your weight or lose weight	<input type="radio"/>	<input type="radio"/>
Reduce calories and/or portion sizes in your diet	<input type="radio"/>	<input type="radio"/>
Follow your diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Increase your physical activity or exercise	<input type="radio"/>	<input type="radio"/>
Visit your doctor regularly	<input type="radio"/>	<input type="radio"/>
Take your medicine	<input type="radio"/>	<input type="radio"/>

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65. In the past 6 months, how often have you been doing any of the following to manage your diabetes to prevent other health problems caused by diabetes?

	Regularly	Occasionally	Not at all
Managing my weight or losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing calories and/or portion sizes in my diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following my diabetes meal plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing the amount that I exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking medicines as prescribed (e.g., Metformin, insulin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building more physical activity into my daily work routine or at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking (including walking for exercise, walking to or from and while at work, climbing stairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing other light or moderate household (e.g., chores, gardening) or recreational activities or sports (e.g., bowling, yoga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing vigorous activities or sports (e.g., biking, jogging, swimming, or aerobics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[IF ALL "Not at all" ANSWERS TO Q. 65]

66. When do you plan to start doing something to manage your diabetes to prevent other health problems caused by diabetes?

- Not planning to start
- Within the next month
- Not sure when

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67. In the past 6 months, have you considered having bariatric surgery (weight loss surgery)?

- Yes
- No

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59%

68. In the past 4 weeks, have you been doing any of the following to manage your diabetes?

	Yes	No
Using insulin	<input type="radio"/>	<input type="radio"/>
Taking diabetes pills	<input type="radio"/>	<input type="radio"/>
Using non-insulin injectable medicines for diabetes	<input type="radio"/>	<input type="radio"/>
Following my diabetes meal plan	<input type="radio"/>	<input type="radio"/>
Exercise regularly	<input type="radio"/>	<input type="radio"/>
Checking my blood sugar	<input type="radio"/>	<input type="radio"/>

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69. In general, would you say your way of managing your diabetes has usually been effective, sometimes been effective, or not been effective?

- Usually been effective
- Sometimes been effective
- Not been effective

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70. On a scale of 1 to 5, where **1 is no distress and 5 is serious distress**, please choose the number that matches your level of distress in the past 4 weeks.

In the past 4 weeks, the level of distress I had with:

	1 - No distress	2	3	4	5 - Serious distress
The demands of living with diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My diabetes routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible serious long-term complications, no matter what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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71. On a scale of 1 to 5, where **1 is not at all confident** and **5 is totally confident**, please choose the number that matches how confident you feel doing each of the following activities:

	1- Not at all confident	2	3	4	5-Totally confident
Eating your meals or snacks as recommended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following your diet when you have to prepare or share food with other people who do not have diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing the appropriate foods to eat when you are hungry (e.g., snacks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising 15 to 30 minutes for 4 to 5 times a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing something to prevent your blood sugar level from dropping when you exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judging when the changes in your illness mean you should visit the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing your diabetes so that it does not interfere with the things you want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correctly using the results from your blood sugar monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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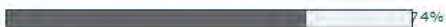
72. On a scale of 1 to 5, where **1 is not at all confident and 5 is totally confident**, please choose the number that matches how confident you feel that you know what to do:

	1 - Not at all confident	2	3	4	5 - Totally confident
When your blood sugar level goes <u>higher</u> than it should be (hyperglycemia)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When your blood sugar level goes <u>lower</u> than it should be (hypoglycemia)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Support for Managing Your Diabetes

The next few questions are about support you may have received that has helped you manage your diabetes.

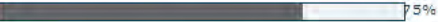
73. In the past 12 months, has anyone encouraged you to attend any programs, self-help groups, or classes to help you manage your diabetes?

- Yes
- No [*SKIP TO Q. 75*]

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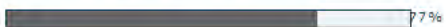
74. In the past 12 months, who has encouraged you to attend programs, self-help groups, or classes to help you manage your diabetes?

	Encouraged me	Did not encourage me
Doctor	<input type="radio"/>	<input type="radio"/>
Nurse Practitioner	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>
Physician's assistant (PA)	<input type="radio"/>	<input type="radio"/>
Diabetes educator	<input type="radio"/>	<input type="radio"/>
Registered dietitian (RD)	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>
Family member(s)	<input type="radio"/>	<input type="radio"/>
Friend(s)	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>
Online help representative	<input type="radio"/>	<input type="radio"/>
Someone else	<input type="radio"/>	<input type="radio"/>

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75. In the past 12 months, did you attend any programs, self-help groups, or classes to help you manage your diabetes?

- Yes
- No [SKIP TO Q. 84]

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76. In the past 12 months, which programs, self-help groups, or classes did you attend to help you manage your diabetes?

	Attended	Did not Attend
Weight loss	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>
Diabetes education classes	<input type="radio"/>	<input type="radio"/>
diabetes support group	<input type="radio"/>	<input type="radio"/>
Other, specify	<input type="radio"/>	<input type="radio"/>

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79%

76sp. Please specify, which programs, self-help groups, or classes did you attend to help you manage your diabetes?

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[WILL BE FILTERED TO SHOW ONLY THOSE THEY SELECT IN Q. 76]

77. In the past 12 months, how often do/did you attend:

	I attend regularly	I attend occasionally	I attended only once
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes education classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, Specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress bar showing 1%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "ATTENDED" ABOVE IN Q. 76]

78. Which of the following offered or provided the program(s) for weight loss? **PLEASE CHECK ALL THAT APPLY**

- Doctor
- Nurse practitioner
- Physician's assistant (PA)
- Nurse
- Diabetes educator
- Registered dietitian (RD)
- Pharmacist
- Hospital
- Health care insurance plan
- Diabetes organization
- Employer
- The local community
- Private business
- Other

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100% 1%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "ATTENDED" ABOVE IN Q. 76]

79. Which of the following offered or provided the program(s) for exercise? **PLEASE CHECK ALL THAT APPLY**

- Doctor
- Nurse practitioner
- Physician's assistant (PA)
- Nurse
- Diabetes educator
- Registered dietitian (RD)
- Pharmacist
- Hospital
- Health care insurance plan
- Diabetes organization
- Employer
- The local community
- Private business
- Other

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22%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "ATTENDED" ABOVE IN Q. 76]

80. Which of the following offered or provided the program(s) for nutrition? **PLEASE CHECK ALL THAT APPLY**

- Doctor
- Nurse practitioner
- Physician's assistant (PA)
- Nurse
- Diabetes educator
- Registered dietitian (RD)
- Pharmacist
- Hospital
- Health care insurance plan
- Diabetes organization
- Employer
- The local community
- Private business
- Other

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██████████ 32%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "ATTENDED" ABOVE IN Q. 76]

81. Which of the following offered or provided the program(s) for diabetes education classes? **PLEASE CHECK ALL THAT APPLY**

- Doctor
- Nurse practitioner
- Physician's assistant (PA)
- Nurse
- Diabetes educator
- Registered dietitian (RD)
- Pharmacist
- Hospital
- Health care insurance plan
- Diabetes organization
- Employer
- The local community
- Private business
- Other

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██████████ 33%

[WILL BE FILTERED TO DISPLAY QUESTIONS ONLY FOR THOSE ITEMS ANSWERED "ATTENDED" ABOVE IN Q. 76]

82. Which of the following offered or provided the program(s) for diabetes support group? **PLEASE CHECK ALL THAT APPLY**

- Doctor
- Nurse practitioner
- Physician's assistant (PA)
- Nurse
- Diabetes educator
- Registered dietitian (RD)
- Pharmacist
- Hospital
- Health care insurance plan
- Diabetes organization
- Employer
- The local community
- Private business
- Other

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83%

83. In the past 12 months, others may have helped you to take actions to manage your diabetes. Did they:

	Yes	No	Does not apply
Help you to eat better or healthier?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give you rides to classes or programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you with medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer encouragement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help you manage stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take care of your children so you could participate in classes, programs, or exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify_____?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Progress bar: 85%

Use of Tools/Resources to Manage Your Diabetes

84. In the past 4 weeks, have you used any of the following tools and resources to help you manage your diabetes?

	Yes	No
Paper calendar, diary, or journal to track diabetes-related activities (blood sugar results, dose of insulin, food intake, exercise, etc.)	<input type="radio"/>	<input type="radio"/>
Electronic calendar, diary, app, or journal, etc.	<input type="radio"/>	<input type="radio"/>
In-person peer-led support group	<input type="radio"/>	<input type="radio"/>
In-person, health professional-led support group	<input type="radio"/>	<input type="radio"/>
Online peer-led support or chat groups	<input type="radio"/>	<input type="radio"/>
Online health or diabetes information websites	<input type="radio"/>	<input type="radio"/>
Text-messaging support program	<input type="radio"/>	<input type="radio"/>
Telephone-based support program	<input type="radio"/>	<input type="radio"/>
Email listservs	<input type="radio"/>	<input type="radio"/>
Online videos (e.g., YouTube)	<input type="radio"/>	<input type="radio"/>

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85. Do you use social media (e.g., Facebook, Twitter) to help you learn about or manage your diabetes?

- Yes--I often use it to help learn about or manage my diabetes
- Yes--but only once in a while to learn about or manage my diabetes
- No--I never use it to learn about or manage my diabetes

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Progress bar showing 88% completion.

87. How often do you receive care from your usual health care provider?

- Weekly
- Monthly
- Every few months
- Once a year
- Less than once a year

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Progress bar: 39%

88. Do you regularly see any of the following providers?

	Yes	No
Diabetes educator	<input type="radio"/>	<input type="radio"/>
Registered dietitian (RD)	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>
Mental health professional (social worker, psychologist, psychiatrist)	<input type="radio"/>	<input type="radio"/>
Other, specify _____	<input type="radio"/>	<input type="radio"/>

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0%

89. Do you get advice about diabetes that you can trust from your:

	Yes	No
Doctor	<input type="radio"/>	<input type="radio"/>
Nurse practitiouer	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>
Physician's assistant (PA)	<input type="radio"/>	<input type="radio"/>
Diabetes educator	<input type="radio"/>	<input type="radio"/>
Registered dietitian (RD)	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>
Mental health professional (social worker, psychologist, psychiatrist)	<input type="radio"/>	<input type="radio"/>
Online/Internet/Web	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>
Other, specify _____	<input type="radio"/>	<input type="radio"/>

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Progress bar showing 4%

92. Do you need a referral, prescription or script from your doctor to attend any of these weight loss, exercise, or health or wellness programs?

- Yes
- No
- Don't know

Navigation buttons: Previous, Next

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Progress bar: 5%

Health Concerns

93. Has a doctor or other health professional ever told you that you had any of the following conditions?

	Yes	No
High cholesterol	<input type="radio"/>	<input type="radio"/>
High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>
A heart condition	<input type="radio"/>	<input type="radio"/>
Damaged or failing kidneys	<input type="radio"/>	<input type="radio"/>
A stroke	<input type="radio"/>	<input type="radio"/>
A heart attack	<input type="radio"/>	<input type="radio"/>
Dental or oral health issues	<input type="radio"/>	<input type="radio"/>
Eye health or vision issues	<input type="radio"/>	<input type="radio"/>
Nerve pain or nerve damage	<input type="radio"/>	<input type="radio"/>
Memory problems	<input type="radio"/>	<input type="radio"/>
Sleep apnea	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>

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87%

[WILL BE FILTERED TO SHOW ONLY ITEMS WITH "YES" ANSWERS IN Q. 93]

94. Are you regularly taking medication for, or having treatment for, these conditions?

	Yes	No
High cholesterol	<input type="radio"/>	<input type="radio"/>
High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>
A heart condition	<input type="radio"/>	<input type="radio"/>
Damaged or failing kidneys	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Cardiovascular disease or heart condition	<input type="radio"/>	<input type="radio"/>
Eye or vision issues	<input type="radio"/>	<input type="radio"/>
Memory problems	<input type="radio"/>	<input type="radio"/>
Sleep apnea	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>

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99%

These are all the questions we have for you.

Thank you for participating in the survey!

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