New Jersey Department of Health  
Office of Minority and Multicultural Health  

DIABETES SELF-MANAGEMENT PROGRAM  
“TAKE CONTROL OF YOUR HEALTH”  
POST-WORKSHOP PARTICIPANT SURVEY  

ID Number: _______________  Date: _______________  Zip Code: ____________

### Monitoring Sugar Level

1. Do you have a machine to test your blood sugar (glucose) level at home?  
   - [ ] Yes  
   - [ ] No

2. **If yes**, how many days in the last week did you test your blood sugar level?  
   (If you were sick in the last week, think of the most recent 7 days when you were NOT sick).  
   ________ days

3. Do you know what the results mean?  
   - [ ] Yes  
   - [ ] No

4. Have you had a Hemoglobin A1c test in the past month?  
   - [ ] Yes  
   - [ ] No

### I. In general, would you say your health is: (check only one)

- [ ] Excellent  
- [ ] Very Good  
- [ ] Good  
- [ ] Fair  
- [ ] Poor

### II. In the PAST WEEK, did you ever have any of the following symptoms: (Check only one)

1. Increased thirst?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

2. Dry mouth?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

3. Decreased need for food?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

4. Sickness in stomach or vomiting?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

5. Belly pain?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

6. Do you have to get up to urinate 3 or more times a night?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

7. High blood sugar readings (300 mg or higher)?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

8. Morning headaches?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

9. Bad dreams?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Don’t Know

10. Night sweats?  
    - [ ] Yes  
    - [ ] No  
    - [ ] Don’t Know

11. Lightheadedness or dizziness?  
    - [ ] Yes  
    - [ ] No  
    - [ ] Don’t Know

12. Shakiness or weakness?  
    - [ ] Yes  
    - [ ] No  
    - [ ] Don’t Know

13. Severe hunger?  
    - [ ] Yes  
    - [ ] No  
    - [ ] Don’t Know

14. Times when you fainted or passed out, even for a short time?  
    - [ ] Yes  
    - [ ] No  
    - [ ] Don’t Know
### III. Daily Activities

(Circle one)

<table>
<thead>
<tr>
<th>(Circle one)</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Almost totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>During the past 2 weeks</strong>, how much has your sickness stopped you from being with family, friends, neighbors or groups?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. <strong>During the past 2 weeks</strong>, how much has your sickness stopped you from doing things you enjoy like reading, playing sports or other fun things?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. <strong>During the past 2 weeks</strong>, how much has your sickness stopped you from doing everyday work around your house (e.g. cleaning, cooking etc.)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. <strong>During the past 2 weeks</strong>, how much has your sickness stopped you from doing other things that you need to do such as shopping?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### IV. Controlling My Sickness

For each of the following questions, please circle one number for each question that tells how you feel about doing things easily at this time:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I eat meals every 4 to 5 hours every day, including breakfast every day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I follow my diet and know what to eat when I am hungry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I exercise 15 to 30 minutes, 4 to 5 times a week.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I know how to stop my blood sugar level from falling when I exercise.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I know what to do when my blood sugar level goes higher or lower than it should be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Feeling tired from being sick does not stop me from doing things that I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Fear or worry from being sick does not stop me from doing things I want to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I know my medications and take them everyday.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I go for all my doctor appointments needed for my treatment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I know when the changes in my sickness mean I should go to my doctor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
**V. During the past week, how much total time did you spend on the following? (check only one)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>Less than 30 min/wk</th>
<th>30 - 60 min/wk</th>
<th>1 – 3 hrs/wk</th>
<th>More than 3 hrs/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stretching or using weights</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Walking for exercise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Swimming</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Using exercise machine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**VI. Your Diet**

1. **How many times last week** did you eat breakfast when you got up? __________ times

2. This morning, did you eat any of the following foods for breakfast? (check all that apply)
   - [ ] Milk (1/2 cup)
   - [ ] Cheese
   - [ ] Yogurt
   - [ ] Eggs
   - [ ] Meat, poultry, or fish
   - [ ] Beans
   If you ate anything else, please write here: __________________________________________

**VII. Medications**

1. In the past week did you take pills for diabetes? [ ] Yes [ ] No [ ] Don’t Know

2. Please specify the name(s) of the diabetes pills you took: ________________________________

3. In the past week did you get insulin injections? [ ] Yes [ ] No [ ] Don’t Know

**VIII. Medical Care**

When you **go to your doctor:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you make a list of questions for your doctor?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Do you ask questions about the things you want to know and things you don’t understand?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Do you talk about things other than your being sick?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### VIII. Medical Care, Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. In the past 2 months, how many times did you visit a doctor?</td>
<td>________ visits</td>
</tr>
<tr>
<td><em>(Do not include hospital or ER visits)</em></td>
<td></td>
</tr>
<tr>
<td>5. In the past 2 months, how many times did you go to a walk-in-clinic for an emergency?</td>
<td>________ times</td>
</tr>
<tr>
<td>6. In the past 2 months, how many times did you go to a hospital emergency room?</td>
<td>________ times</td>
</tr>
<tr>
<td>7. In the past 2 months, how many times were you admitted to the hospital for one night or longer?</td>
<td>________ times</td>
</tr>
<tr>
<td>8. When was the last time you had your eyes examined? (example: for glaucoma or any other problem)</td>
<td>_____ / ____ Month / Year</td>
</tr>
<tr>
<td>9. How many times did the doctor or nurse examine your feet in the last 6 months?</td>
<td>________ times</td>
</tr>
</tbody>
</table>

### IX. Check all that apply:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a participant with a sickness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I take care of someone with a sickness.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### X. Have you ever taken this class before?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
</table>

### XI. This survey was completed: *(check only one)*

<table>
<thead>
<tr>
<th>Without help</th>
<th>With some help</th>
</tr>
</thead>
</table>

*Thank you for completing the survey!*