



Participant Survey

Please answer the following questions. Your responses are anonymous.
Thank you!

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☒ ☓ ☐ ☑

Lessons 3 & 4: Get Up and Move and Medication Management

1. Did you attend the previous Project DEAP diabetes lessons?

	<u>Yes</u>	<u>No</u>
Lesson 1: Understanding Diabetes.	<input type="radio"/>	<input type="radio"/>
Lesson 2: Controlling Diabetes Through Nutrition	<input type="radio"/>	<input type="radio"/>

	<u>Yes</u>	<u>No</u>
2. Has your doctor told you that you are pre-diabetic?	<input type="radio"/>	<input type="radio"/>
are diabetic?	<input type="radio"/>	<input type="radio"/>
are overweight?	<input type="radio"/>	<input type="radio"/>
have high blood pressure?	<input type="radio"/>	<input type="radio"/>

3. For each topic listed below, in the left column, fill in your level of understanding BEFORE the DEAP Program. Then, in the right column, fill in your level of understanding AFTER the DEAP Program.

YOUR LEVEL OF UNDERSTANDING OF . . .	BEFORE program				AFTER program			
	Poor	Fair	Good	Excellent	Poor	Fair	Good	Excellent
The benefits of physical activity in diabetes control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacting a doctor before starting an exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The recommended amount of physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying attention to your body during physical activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes medications are based on my individual need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should contact my health care provider with questions about my diabetes medication(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My awareness of the role of medications in diabetes care.	<input type="radio"/>	<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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4. Currently, do you exercise at least 30 minutes most days of the week? Yes No

5. Check actions or changes you will make.

- Increase my physical activity.
- Start an exercise journal.
- Keep a current list of my diabetes medications with me.
- Acquire medical identification i.e., bracelet, chain, card for emergency purposes.

OR

- I will not take any action at this time.

6. You are . . . Female Male

7. Your age? 18 - 24 30 - 34 40 - 44 50 - 54 60 - 64 70 - 74
 25 - 29 35 - 39 45 - 49 55 - 59 65 - 69 75+

8. Highest level of education obtained?

- Some high school or less Vocational or technical degree Bachelor degree
- High school graduate or GED Some college Post-graduate degree(s)

9. Racial / Ethnic background?

- African American (non-Hispanic) Hispanic White (non-Hispanic)
- Asian American Native American Other

Thank you!

