



Participant Survey

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

MARKING INSTRUCTIONS

CORRECT: ● INCORRECT: ☒ ☓ ☐ ☑

Lesson 1: Understanding Diabetes

- | | | <u>Yes</u> | <u>No</u> |
|--|-----------------------------------|-----------------------|-----------------------|
| 1. 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"/> |

2. 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 THAT . . .	BEFORE program				AFTER program			
	Poor	Fair	Good	Excellent	Poor	Fair	Good	Excellent
Diabetes is a condition in which your blood sugar or glucose is too high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family history is a risk factor for diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An inactive lifestyle is a risk factor for diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity or excess body weight is a risk factor for type 2 diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warning signs can include frequent urination, weight changes, blurred vision, and excessive thirst.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue on other side.



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3. Currently, do you exercise at least 30 minutes most days of the week? Yes No

4. Check actions or changes you will make.

- Go visit doctor or health care professional.
- Share information with family and friends.

OR

- I will not take any action at this time.

5. You are . . . Female Male

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

7. Highest level of education obtained?

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

8. Racial / Ethnic background?

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

Thank you!

