



Participant Survey

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

MARKING INSTRUCTIONS	
CORRECT: ●	INCORRECT: ☒ ☓ ☐ ☑

Lesson 4: 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"/>
Lesson 3: Get Up and Move	<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 THAT . . .	BEFORE program				AFTER program			
	Poor	Fair	Good	Excellent	Poor	Fair	Good	Excellent
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"/>
Medications are used to control blood sugar levels for diabetes care/management.	<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 never share 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"/>
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"/>
I need to be aware of all medications that I'm taking and their impact.	<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.

Keep a current list of my diabetes medications with me.

Acquire medical identification i.e., bracelet, chain, card for emergency purposes.

OR

I will make no changes at this time.

6. You are . . . Female Male

7. 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+

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!

