



## Participant Survey

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

**MARKING INSTRUCTIONS**  
CORRECT: ● INCORRECT: ☒ ☓ ☐ ☑

### Lesson 5: Monitoring Your Body

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"/>
Lesson 4: Medication Management . . . . .	<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 causes, effects, and signs of <u>high</u> blood sugar.	<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 causes, effects, and signs of <u>low</u> blood sugar.	<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 response when blood sugar is too high or too low.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to set my blood sugar level goals with my doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to use a blood sugar meter for testing my blood sugar level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How stress impacts diabetes 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"/>

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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.

- Have a diabetes disaster kit in the event of an emergency or natural disaster.
- Will have health screenings on a regular basis for A1C, blood pressure, blood cholesterol, etc.

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

9. Racial / Ethnic background?

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

**Thank you!**

