

## Questionnaire DY

### “Diabetes and You”

**Circle one: Pre-Test or Post-test Questionnaire**

**Date:** \_\_\_\_\_

**UGA Staff administering questionnaire:** \_\_\_\_\_

Participant Name:		County:	
Date of birth?	/ / Month/Day/Year		Code
How old are you?	Age: _____		
How long have you had diabetes?	Number of years: _____		
Ethnicity?	1) White 2) Black 3) Hispanic 4) Asian 5) other _____		
Gender?	0)Male 1)Female		
Years completed in school?	Years: _____		
Healthcare Provider?	Name: _____		Address: _____
	Phone _____		
<b>Hemoglobin A1c</b>			
SDSCA1	Have you heard of (hemoglobin)A1c?		Y / N
SDSCA2	If yes, what should your level be?		
The questions are for activities during the past 7 days. If you were sick think of the 7 days before.			<b>Days</b>
<b>Diet</b>			code line 2
SDSCA3	How many of the last SEVEN DAYS have you followed a healthful eating plan?		6
SDSCA4	On average, over the past month, how many DAYS PER WEEK have you followed your eating plan?		7
SDSCA5	On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?		8
SDSCA6	On how many of the last SEVEN DAYS did you eat high fat foods such as red meat or full-fat dairy?		9
<b>Exercise</b>			line 2
SDSCA7	On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity		10
SDSCA8	On how many of the last SEVEN DAYS did you participate in a specific exercise session other than what you do around the house or as a part of a your daily activities?		
<b>Blood Sugar Testing</b>			line 2
SDSCA9	On how many of the last SEVEN DAYS did you test your blood sugar?		12
SDSCA10	On how many of the last SEVEN DAYS did you test your blood sugar as recommended by your Doctor?		13
<b>Foot Care</b>			line 2
SDSCA11	On how many of the last SEVEN DAYS did you check your feet?		14
SDSCA12	On how many of the last SEVEN DAYS did you inspect the inside of your shoes?		15
<b>Smoking</b>			line 2
SDSCA13	Have you smoked cigarettes - even one puff - over the last seven days?		(0) No (1) Yes
SDSCA14	If yes, how many cigarettes did you smoke on an average day?		Number of cigarettes 17-19
<b>Self-Care Recommendations</b>			line 2
SDSCA15	Which medication has your Doctor prescribed for your diabetes?		39—43
<b>Diet</b>			line 2
SDSCA16	On how many of the last SEVEN DAYS did you space carbohydrates evenly?		44
<b>Medications</b>			line 2
SDSCA17	On how many of the last SEVEN DAYS, did you take your medication?		45
<b>Foot Care</b>			line 2
SDSCA18	On how many of the last SEVEN DAYS did you wash your feet?		48
SDSCA19	On how many of the last SEVEN DAYS did you soak your feet?		49
SDSCA20	On how many of the last SEVEN DAYS did you dry between your toes after washing?		50

**Questionnaire DY**

**“Diabetes and You” Pre/Post-test Questionnaire**

**Questionnaire on Hemoglobin A<sub>1c</sub> Blood Test**

**Date:** \_\_\_\_\_

**UGA Staff administering the questionnaire:** \_\_\_\_\_

*Read the questions to the participant and circle the answer given. Read to the participant: "Next, we are going to talk about the hemoglobin A<sub>1c</sub> test (also called H-b-A-1-c). I'll read a statement to you and then ask you to tell me if you think it is "true" or "false," then we'll discuss the statement."*

HT1	Participant ID		Line 1 1-3
HT2	County		4-5
	<b>Questions</b>	Circle 0 1 2	
HT3	1. A hemoglobin A <sub>1c</sub> test measures the average amount of sugar in your blood over the last 3 months.	F T DK	6
HT4	2. It's important to know your hemoglobin A <sub>1c</sub> number.	F T DK	7
HT5	3. All people with diabetes need to have a hemoglobin A <sub>1c</sub> test.	F T DK	8
HT6	4. The hemoglobin A <sub>1c</sub> goal for people with diabetes is less than 6.5 percent.	F T DK	9
HT7	5. Most people can tell what their blood sugar levels are simply by how they feel.	F T DK	10
HT8	6. You can have a "touch of sugar" but don't have to do anything about it.	F T DK	11
HT9	7. You can do something about high blood sugar.	F T DK	12
HT10	8. A hemoglobin A <sub>1c</sub> number over 8 percent is a sign that one or more parts of your treatment plan needs to be changed.	F T DK	13
HT11	9. A hemoglobin A <sub>1c</sub> test should be done about once a year.	F T DK	14
HT12	10. There's no proof that lowering your hemoglobin A <sub>1c</sub> number can reduce your chances of getting serious eye, kidney, or nerve disease.	F T DK	15
HT13	Percent correct	_____ %	16-18
	<b>Post-Test only: How would you rate this program? 1=Excellent, 2=Good, 3= Fair, or 4=Poor</b>		
HT14	A1c lab. value		19-22

*Educator: Review the correct answers with the client in an individual session or in a group session*

From: **National Diabetes Education Program**, <http://ndep.nih.gov/materials/pubs/HbA1c/HbA1c-checkIQ.h>

Adapted from: Toolbert, D.J., Hampton, S.E., Glasgow, R.E. The summary of diabetes self-care activities measure: results from 7 studies and a revised scale. *Diabetes Care*, 23: 943-50, 2000.

**Updated S. Stone- 4/02/03**