

Date: _____

Birth year: _____

Initials: _____

Zip code: _____

Living Well with Diabetes **AFTER Post-Workshop Survey**

The answers you give for these questions will help us to make our diabetes self-management education program better. This information will stay private.

1. How does exercise help your blood sugar?	Check only one: <input type="checkbox"/> Lowers blood sugar <input type="checkbox"/> Raises blood sugar <input type="checkbox"/> Has no effect on blood sugar <input type="checkbox"/> I don't know
2. Which one is the best way to take care of your feet?	Check only one: <input type="checkbox"/> Look at and wash them every day <input type="checkbox"/> Massage them every day with alcohol <input type="checkbox"/> Soak them every day for one hour <input type="checkbox"/> Buy shoes a size larger <input type="checkbox"/> I don't know
3. What is a retinal exam?	Check only one: <input type="checkbox"/> An exam of your feet <input type="checkbox"/> An exam of your gums <input type="checkbox"/> An exam of your eyes <input type="checkbox"/> I don't know
4. Carbohydrates (starches and sweets) break down in your body to what?	Check only one: <input type="checkbox"/> Wheat / whole grains <input type="checkbox"/> Fats <input type="checkbox"/> Glucose / sugar <input type="checkbox"/> I don't know

These questions will help us understand how you cope with your diabetes.

5. How often in the last week have you felt overwhelmed by living with diabetes?	Check only one: <input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Sometimes <input type="checkbox"/> Most of the time <input type="checkbox"/> Always
---	---

<p>6. Do you know healthy ways to handle the stress related to your diabetes?</p>	<p>Check only one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Maybe</p> <p><input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> I don't think so</p> <p><input type="checkbox"/> No</p>
<p>7. When you need it, do you feel you can ask for support on how to live with and take care of your diabetes?</p>	<p>Check only one:</p> <p><input type="checkbox"/> Yes, I can</p> <p><input type="checkbox"/> Maybe I can</p> <p><input type="checkbox"/> I don't know if I can</p> <p><input type="checkbox"/> I don't think I can</p> <p><input type="checkbox"/> No, I can't</p>
<p>8. Do you feel you can ask your doctor questions about your treatment plan?</p>	<p>Check only one:</p> <p><input type="checkbox"/> Yes, I can</p> <p><input type="checkbox"/> Maybe I can</p> <p><input type="checkbox"/> I don't know if I can</p> <p><input type="checkbox"/> I don't think I can</p> <p><input type="checkbox"/> No, I can't</p>
<p>9. Do you feel you can make a plan with goals that will help control your diabetes?</p>	<p>Check only one:</p> <p><input type="checkbox"/> Yes, I can</p> <p><input type="checkbox"/> Maybe I can</p> <p><input type="checkbox"/> I don't know if I can</p> <p><input type="checkbox"/> I don't think I can</p> <p><input type="checkbox"/> No, I can't</p>
<p>10. In the last week, how many days did you eat five or more servings of fruits or vegetables?</p>	<p>Pick one:</p> <p>0 1 2 3 4 5 6 7</p>
<p>11. In the last week, how many days did you exercise for at least 30 minutes?</p>	<p>Pick one:</p> <p>0 1 2 3 4 5 6 7</p>
<p>12. In the last week, how many days did test your blood sugar?</p>	<p>Pick one:</p> <p>0 1 2 3 4 5 6 7</p> <p>Or check here:</p> <p><input type="checkbox"/> I don't test my blood sugar</p>
<p>13. In the last week, how many days did you take your diabetes medication as ordered by your doctor?</p>	<p>Pick one:</p> <p>0 1 2 3 4 5 6 7</p> <p>Or check here:</p> <p><input type="checkbox"/> I don't take diabetes medication</p>
<p>14. In the last week, how many days did you check your feet?</p>	<p>Pick one:</p> <p>0 1 2 3 4 5 6 7</p>

The Lake Superior Quality Innovation Network serves Michigan, Minnesota and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

Follow us on social media @LakeSuperiorQIN

The Minnesota Area Agencies on Aging respect your privacy and promise not to disclose any of your information without your permission. **We will NEVER publicly report on your participation in this program.** We would like permission to share your information with Stratis Health (Minnesota’s Medicare Quality Improvement Organization) and Medicare **for program evaluation and funding purposes.** By signing this form, you permit the Minnesota Area Agencies on Aging to share information of your participation with **ONLY** Stratis Health and Medicare in a secure and protected fashion. This permission expires July 31, 2019.

X

Participant Signature

Date

X

Participant Name (printed)

The Lake Superior Quality Innovation Network serves Michigan, Minnesota and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

Follow us on social media @LakeSuperiorQIN