***[SAMPLE]***

**DSMES in Food Banks**

**Participant Pre-Post Surveys**

You are being asked to take this survey as part of an evaluation of the program. We are doing an evaluation study of to understand how this program helps people with diabetes and how the program could be improved. Please read and answer the following questions.

***Demographics***

Before asking questions about diabetes, we want to know more about you.

1. What is your age? [slider from 18-110]
2. Are you Hispanic or Latino?

□ Yes

□ No

1. What is your race? *Select all that apply:*

□ American Indian or Alaska Native

□ Asian

□ Native Hawaiian or Other Pacific Islander

□ Black or African American

□ White

□ Other (*please specify*): \_\_\_\_\_\_\_\_\_\_

1. What languages are mainly spoken at home? *Select all that apply.*

□ English

□ Spanish

□ Other *(please specify)*

1. What is the highest level of education you have completed?

□ Less than 8th Grade

□ 8th grade or more, but less than high school

□ High school or equivalent

□ Some college (no degree)

□ Associate’s degree

□ Bachelor’s degree

□ Master’s degree or more

1. What is your gender?

□ Male

□ Female

□ Other [open-ended write-in field]

1. Does anyone in your household receive assistance from any of these sources? *Select all that apply.*

□ Free/Reduced-price school breakfast or lunch

□ WIC (Women, Infants, & Children)

□ Food Stamps/Supplemental Nutrition Assistance Program (SNAP)

□ None

1. What year were you diagnosed with diabetes? [Slider from 1920-2023]

***Knowledge***

**We would like to determine a bit about what you know concerning type 2 diabetes. Please answer the following questions to help us understand what you know about type 2 diabetes.**

1. Which of these foods is in the fat group?

a) Steak

b) Brownie

c) Milk

d) Peanuts

e) Don't know

1. One function of insulin is to help glucose enter into the cells of the body.

a) True

b) False

1. Which of the following are risk factors for diabetes? (check all that apply)
* Family history
* Being overweight/ obesity
* Regular exercise
* Past gestational diabetes
* Stress
1. Which of these is a protein food?

a) Whole grain bread

b) Fish

c) Olives

d) Green peppers

1. One of the jobs of the pancreas is to make glucose.

a) True

b) False

1. What is the recommended fasting blood glucose level for someone with diabetes?

a) 50−80 mg/dl

b) 40−70 mg/dl

c) 130−150 mg/dl

d) 80−130 mg/dl

e) Don't know

1. How often should people with diabetes check their feet for sores, changes, or signs of infection?

a) Once a week

b) Every day

c) Every month

d) Twice a month

e) Don't know

1. What is the recommended hemoglobin A1c range for a person with diabetes to prevent complications?

a) Less than 4.0

b) Less than 7.0

c) Less than 10.0

d) Less than 12.0

e) Don't know

1. Which of the following is a common complication of diabetes?

a) Arthritis

b) Kidney disease

c) Hearing loss

d) Migraine headaches

e) Don't know

1. Laura has diabetes, is sick, has nausea and vomiting, and cannot eat. Which of the following liquids is best for her to drink because it does not contain carbohydrates?

a) Chicken bouillon

b) Apple juice

c) 7-Up

d) Gatorade

e) Don't know

1. It is safe to exercise when your blood glucose is 300 mg/dl.

a) True

b) False

1. Which of the following affect blood glucose levels?

a) Stress

b) Food

c) Medication/insulin

d) Activity

e) All of the above

***Diabetes Distress***

1. **Living with diabetes can be hard at times. You may experience many problems related to diabetes, ranging from minor hassles to major life difficulties. For each item below, choose the number which shows how much it affected you IN THE PAST MONTH.**

We are asking about **how much of a problem** each item was in your life in the past month. We are not asking if this is just true or false for you. If something is not a problem for you, choose 1 or 2. If it is a big problem for you, choose 5.

|  | **Not a problem** | **A slight problem** | **A moderate problem** | **Somewhat serious problem** | **A serious problem** |
| --- | --- | --- | --- | --- | --- |
| 1. Feeling that I am not testing my blood sugars often enough.
 | 1  | 2  | 3 | 4 | 5  |
| 1. Feeling that I am often failing with my diabetes routine.
 | 1  | 2  | 3 | 4 | 5  |
| 1. Not feeling confident in my day-to-day ability to managediabetes.
 | 1  | 2  | 3 | 4 | 5  |
| 1. Feeling that I am not stickingclosely enough to a good meal plan.
 | 1  | 2  | 3 | 4 | 5  |
| 1. Feeling overwhelmed by thedemands of living with diabetes.
 | 1  | 2  | 3 | 4 | 5  |
| 1. Not feeling motivated to keep up my diabetes self-management.
 | 1  | 2  | 3 | 4 | 5  |

***Self-efficacy about ability to practice diabetes self-management (follow routine, meal plan)***

1. **For each of the following statements, please choose a number that shows how confident you feel in doing this regularly. How confident are you that you can…**

|  | **Not at all confident** | **Slightly confident** | **Mostly confident** | **Completely confident** |
| --- | --- | --- | --- | --- |
| 1. Eat your meals every 4 to 5 hours, including breakfast, every day?
 | 1 | 2 | 3 | 4 |
| 1. Follow your diet when you have to prepare or share food with other people who do not have diabetes?
 | 1 | 2 | 3 | 4 |
| 1. Choose the appropriate foods to eat when you are hungry?
 | 1 | 2 | 3 | 4 |
| 1. Do something to prevent your blood sugar level from dropping when you exercise?
 | 1 | 2 | 3 | 4 |
| 1. Do what you need to when your blood sugar level goes higher or lower than it should be?
 | 1 | 2 | 3 | 4 |
| 1. Know when the changes in your diabetes mean you should visit the doctor?
 | 1 | 2 | 3 | 4 |
| 1. Control your diabetes so that it does not interfere with the things you want to do?
 | 1 | 2 | 3 | 4 |

***Diabetes attitudes & beliefs***

***Multidimensional scale of perceived social support***

1. **How strongly do you agree with each of the following statements about your diabetes?**

|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| --- | --- | --- | --- | --- | --- |
| 1. I have people in my life who help and support me in managing my diabetes.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am hopeful that diabetes is something I can manage.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel overwhelmed by all the information available about diabetes.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Diabetes education is very useful.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Family health history and my surroundings affect my diabetes more than my diet or how I live.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I don’t think I’m likely to have serious complications from my diabetes.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am not sure the diabetes treatment my doctor provides will be helpful.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I can count on people in my life when things go wrong.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I can talk about my problems with people in my life
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have people in my life with whom I can share my joys and sorrows.
 | 1 | 2 | 3 | 4 | 5 |
| 1. There are people in my life who are willing to help me make decisions.
 | 1 | 2 | 3 | 4 | 5 |

***Medication adherence questionnaire***

Now we would like to ask you about medications you may take to manage or prevent diabetes.

1. Do you take medications for diabetes? (select one)
2. Yes *[go to 16a-16e]*
3. No *[go to 17]*

***[IF YES to previous questions, they do take meds]*** Thinking about your diabetes medication, how often are the following statements true?

|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** |
| --- | --- | --- | --- | --- | --- |
| 1. I forget to take my diabetes medications.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I change the dose.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I stop taking them for a while.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I decide to skip a dose.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I take less than instructed.
 | 1 | 2 | 3 | 4 | 5 |

***Physical activity measure***

**Now we would like to ask some questions about physical activity and your diet.**

1. In a typical week, **how many days** do you exercise or do physical activity that increases your breathing or heart rate?

*Enter days per week*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On each of the days you exercised** or were physically active, about **how many minutes** do you do these activities?

*Enter minutes per day you exercise or were physically accurate*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During an average week, how much time do you spend sitting each weekday? This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. (select one)
2. Less than one hour
3. 1−2 hours
4. 3−10 hours
5. More than 10 hours

***Healthy eating measure***

**Think about the foods you ate over the past month.**

1. How many servings of **fruit** did you eat **each day**?
2. 2 or less servings
3. 3−4 servings
4. 5 or more servings
5. How many servings of **vegetables** did you eat **each day**?
6. 2 or less servings
7. 3−4 servings
8. 5 or more servings
9. How many **regular sodas or glasses of sweet tea** did you drink each day?
10. Less than 1
11. 1−2
12. 3 or more
13. How many **times a week** did you eat **beans** (like pinto or black beans), **chicken**, or **fish**?
14. Less than 1
15. 1−2
16. 3 or more
17. How many **times a** **week** did you eat **fast food**?
18. Less than 1 time
19. 1−3 times
20. 4 or more times
21. How many **times a week** did you eat **regular snack chips or crackers** (not low-fat)?
22. 1 time or less
23. 2−3 times
24. 4 or more times
25. How many **times a week** did you eat **desserts** and other **sweets** (not the low-fat kind)?
26. 1 time or less
27. 2-3 times
28. 4 or more times
29. How much **margarine, butter, or meat fat** do you use to season vegetables or put on potatoes, bread, or corn?
30. Very little
31. Some
32. A lot

***HCP prescribed Diet, HCP food security***

1. Have you been told by a doctor or another health care professional that you should follow a special diet for your diabetes?
2. Yes
3. No
4. Don’t know or refused to answer
5. Sometimes people run out of the food they need to take care of their diabetes and don’t have enough money or resources to get more. In the **last 30 days**, how often did you run out of the food you needed to take care of your diabetes?
6. Never
7. Rarely
8. Sometimes
9. Often
10. In an **average month**, **how many weeks** do you have food available to eat that is appropriate for your diabetes?
11. 0
12. 1
13. 2
14. 3
15. 4

***Food Security***

1. **The following are six statements that people have made about their food situation. For each of these, statements, think about the past 4 weeks and indicate your answer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never true** | **Sometimes true** | **Often true** | **Prefer not to answer** |
| 1. During the past 4 weeks, you worried that your food would run out before you got money to buy more.
 | 1 | 2 | 3 | 9 |
| 1. During the past 4 weeks, the food you bought just didn’t last and you didn’t have money to get more.
 | 1 | 2 | 3 | 9 |
| 1. During the past 4 weeks you couldn’t afford to eat balanced meals
 | 1 | 2 | 3 | 9 |
| 1. During the past 4 weeks you cut the size of your meals or skipped meals because there wasn’t enough money for food.
 | 1 | 2 | 3 | 9 |
| 1. During the past 4 weeks you ate less than I should have because there wasn’t enough money for food.
 | 1 | 2 | 3 | 9 |
| 1. During the past 4 weeks you were hungry but didn’t eat because there wasn’t enough money for food.
 | 1 | 2 | 3 | 9 |

***Monitoring Blood Sugar***

1. In the past 4 weeks, how often did you monitor your blood sugar?
2. Never/rarely
3. Occasionally
4. Daily (once per day)
5. Multiple times per day
6. If multiple times per day, **how many times a day** do you check your blood sugar on a typical day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ times per day

***Foot Checks***

1. How often do you examine your feet? Please choose **only one** of the following:
	1. Daily
	2. A few times a week
	3. Once a week
	4. Few times a month
	5. Once a month
	6. Less than once a month
	7. Never

***Healthy Behavior Intentions***

1. **Over the next four weeks, how likely are you to do each of the following?**

|  | **Very unlikely** | **Unlikely** | **Neither likely nor unlikely** | **Likely** | **Very likely** | **I already do this** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Choose foods that are lower in calories
 | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Eat less processed foods (for example, less fast food and packaged food).
 | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Eat more vegetables and fruits.
 | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Control the portion size of my foods.
 | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Do moderate physical activity for at least 150 minutes a week. (Moderate-intensity activities cause moderate increases in breathing or heart rate.)
 | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Monitor my blood sugar daily.
 | 1 | 2 | 3 | 4 | 5 | 9 |