



Diabetes PATH Survey

Mark like this ● Not like this

We want to know if this workshop helps people learn more about diabetes. You can help us learn how well it works by answering a few questions before and after this workshop. Answering the questions is up to you, and we will not share your answers with anyone else. Thank you!

1. How does exercise help your blood sugar?

- Lowers blood sugar
- Has no effect on blood sugar
- Raises blood sugar
- I don't know

2. Which one is the best way to take care of your feet?

- Look at and wash them every day
- Soak them every day for one hour
- I don't know
- Massage them every day with alcohol
- Buy shoes a size larger

3. What is a retinal exam?

- An exam of your feet
- An exam of your eyes
- An exam of your gums
- I don't know

4. Carbohydrates (starches and sweets) break down in your body to what?

- Wheat/whole grains
- Glucose/sugar
- Fats
- 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?

- Never
- Almost never
- Sometimes
- Most of the time
- Always

6. Do you know of healthy ways to handle the stress related to your diabetes?

- Yes
- Maybe
- I don't know
- I don't think so
- No

7. When you need it, do you feel you can ask for support on how to live with and take care of your diabetes?

- Yes, I can
- Maybe I can
- I don't know if I can
- I don't think I can
- No, I can't

Please turn over to
complete page 2.



8. Do you feel you can ask your doctor questions about your treatment plan?

- Yes, I can Maybe I can I don't know if I can I don't think I can No, I can't

9. Do you feel you can make a plan with goals that will help control your diabetes?

- Yes, I can Maybe I can I don't know if I can I don't think I can No, I can't

10. In the last week, how many days did you eat three or more servings of vegetables low in carbohydrates, such as tomatoes, lettuce, and carrots?

Mark number of days:

- 0 1 2 3 4 5 6 7

11. In the last week, how many days did you exercise for at least 30 minutes?

Mark number of days:

- 0 1 2 3 4 5 6 7

12. In the last week, how many days did you test your blood sugar?

Mark number of days:

- 0 1 2 3 4 5 6 7

Or mark here:

- I don't test my blood sugar

13. In the last week, how many days did you take your diabetes medication as ordered by your doctor?

Mark number of days:

- 0 1 2 3 4 5 6 7

Or mark here:

- I don't take diabetes medication

14. In the last week, how many days did you check your feet?

Mark number of days:

- 0 1 2 3 4 5 6 7

For Office Use

Survey Type

Course ID#

Location ID#

Start Date of Workshop

Participant ID#

Pre-Survey

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Month

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Day

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Year

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Post-Survey

Workshop Location: _____

46081

