

Name: \_\_\_\_\_ Date \_\_\_\_\_

Check one:  Pre-Program  Post-Program

You will take this survey before your first session and after your last class. It will tell us how well we did in teaching you diabetes care. In the top section, please circle a number from 1 to 5 to rate how sure you are about doing the task listed. In the bottom section, do your best to answer the questions listed.

Self-Care Behavior	Confidence Level				
1. How sure are you that you can check your blood sugars correctly?	1 Not at all sure	2	3	4	5 Very sure
2. How sure are you that you know how to make healthy food choices?	1 Not at all sure	2	3	4	5 Very sure
3. How sure are you that you can tell which foods are carbohydrates?	1 Not at all sure	2	3	4	5 Very sure
4. If you are taking medicine - How sure are you that you know about your diabetes medicine and the possible side effects?	1 Not at all sure	2	3	4	5 Very sure
5. How sure are you that you know how to exercise regularly and safely?	1 Not at all sure	2	3	4	5 Very sure
6. How sure are you that you can find diabetes information and support when you need it?	1 Not at all sure	2	3	4	5 Very sure
7. How sure are you that you can notice and then do the right things for a low blood sugar reaction?	1 Not at all sure	2	3	4	5 Very sure
8. How sure are you that you can check your feet for problems and take care of them properly?	1 Not at all sure	2	3	4	5 Very sure
9. How sure are you that you can work with your doctor to get the complete, regular diabetes exam?	1 Not at all sure	2	3	4	5 Very sure

- My A1C level is \_\_\_\_\_ (write in)  Don't Know
- The goal for my A1C is:
  - 7% or below
  - 7.5% or below
  - 10% or below
  - Don't know
- When I first wake up, my blood sugar level should be:
  - 80-150
  - 70-130
  - under 70
  - Don't know
- Two hours after I eat, my blood sugar should be:
  - under 70
  - under 180
  - 180-200
  - Don't know
- The highest blood pressure for people with diabetes should be:
  - 200/140
  - 140/90
  - 130/80
  - Don't know
- I should see my doctor for diabetes every:
  - 3 to 6 months
  - year
  - 5 years
  - Don't know