



Diabetes Education and Wellness

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Check one: Pre-program

Post-Program

Date _____ Name: _____

The survey will be done before your first session and after the last class. Please circle a number from 1 – 5 to rate how sure you are about doing the task listed. The numbers are in a range; number 1 is the least of the scores and number 5 is the best.

Self-Care Behavior	Confidence Level				
1. How sure are you that you can check your blood sugar 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

Please do your best to answer the question below: Circle the correct answer.

- My A1C level is: _____ (write in) I Don't Know _____
- The goal is for my A1C is:
 - 6.5% or below
 - 7.5% or below
 - 10%
 - Don't know
- When I first wake up, my blood sugar level should be:
 - 80-140
 - 70-110
 - under 70
 - Don't know
- Two hours after I eat, my blood sugar level should be:
 - under 70
 - 80-140
 - 160-200
 - 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