Module 5

We would like to know more about what you do to manage your diabetes.

1. Do you wear or carry anything that says you have diabetes, like a card or bracelet? (Check all that apply)

- ☐ Yes, I wear a necklace, bracelet, charm, or have a diabetes tattoo {wear_necklace}
- ☐ Yes, I carry an identification card {wear_idcard}
- ☐ Yes, I have identification but do not wear or carry it {wear_idnocarry}
- ☐ No, I do not have identification about diabetes {wear_noid}
- ☐ Other (specify) __{wear_oth}_____ {wear_spec}___
- ☐ Don't know {wear_dk}

2. People with diabetes receive different advice about what to eat for their diabetes and/or other health conditions. Please indicate below what advice you have received from dietitians or other health care providers about what to eat or drink, and how often you do these things.

Dietary advice	Have you ever received this advice?			How frequently do you do this?		
	Yes	No	Don't know	Often	Sometimes	Never
Keep track of calories	1 ☐	2 ☐	3 ☐ {calories1_splq}	1 ☐	2 ☐	3 ☐ {calories2_splq}
Count carbohydrates	1 ☐	2 ☐	3 ☐ {carbohydrates1_splq}	1 ☐	2 ☐	3 ☐ {carbohydrates2_splq}
Choose low glycemic index foods (foods that tend to raise blood sugar slowly)	1 ☐	2 ☐	3 ☐ {glycemic1_splq}	1 ☐	2 ☐	3 ☐ {glycemic2_splq}
Use dietary exchanges	1 ☐	2 ☐	3 ☐ {dietaryExchanges1_splq}	1 ☐	2 ☐	3 ☐ {dietaryExchanges2_splq}
Keep track of fat grams	1 ☐	2 ☐	3 ☐ {fatGrams1_splq}	1 ☐	2 ☐	3 ☐ {fatGrams2_splq}
Limit sweets	1 ☐	2 ☐	3 ☐ {limitSweets1_splq}	1 ☐	2 ☐	3 ☐ {limitSweets2_splq}
Limit high fat foods	1 ☐	2 ☐	3 ☐ {fatFoods1_splq}	1 ☐	2 ☐	3 ☐ {fatFoods2_splq}
Drink more milk	1 ☐	2 ☐	3 ☐ {moreMilk1_splq}	1 ☐	2 ☐	3 ☐ {moreMilk2_splq}
Eat more fruits and vegetables	1 ☐	2 ☐	3 ☐ {moreFruits1_splq}	1 ☐	2 ☐	3 ☐ {moreFruits2_splq}
Eat more fiber and whole grains	1 ☐	2 ☐	3 ☐ {moreFiber1_splq}	1 ☐	2 ☐	3 ☐ {moreFiber2_splq}
Avoid wheat or other foods that contain gluten	1 ☐	2 ☐	3 ☐ {gluton1}	1 ☐	2 ☐	3 ☐ {gluton2}

3. Has your diabetes provider taught you how to adjust or change your insulin depending on how much or what kinds of food you eat? {adjustWhatEat_splq}

₁☐ Yes ⟶ **How often do you adjust or change your insulin based on what you have eaten?**
₁☐ Often   ₂☐ Sometimes   ₃☐ Never   {adjustInsulinEat_splq}

₂☐ No
₃☐ Does not apply – insulin not prescribed
₄☐ Don't know

4. How much of your diabetes care do you do for yourself? Would you say: (Check one response)
{selfcare_heaq_s4}

₁☐ None   ₅☐ 76 – 99%
₂☐ Less than 25%   ₆☐ All ⟶ *Please go to next Module*
₃☐ 25 – 50%   ₇☐ Don't know
₄☐ 51 – 75%

5. Who helps you with your diabetes care? (Check all that apply)

{helppare_heaq} ☐ Parent/stepparent/guardian   ☐ School nurse {helpschoolnurse}
{helpgran_heaq} ☐ Grandparent   ☐ Other (specify) {helpothe_heaq}_____ {helpothspec}
{helpsibl_heaq} ☐ Brother/sister   ☐ Don't know {helpdk}
{helpfriend} ☐ Friend