We are delighted that you participated in today’s program. To help us show the community’s interest in programs like this, we hope you will provide us with the ANONYMOUS data for our reports to our funders. Please do not put your name on this form. Leave it with the meeting coordinator.

1. Are you?  Male □ Female □  2. How old are you? ______ years old

3. How much schooling have you completed?
   □ 8th grade or less   □ some college or technical school
   □ some high school   □ college graduate or more
   □ high school graduate

4. Do you consider yourself:
   □ African American   □ Hispanic/Latino   □ White   □ Other ________________

5. Do you have diabetes? □ No → skip to #8
   □ Yes → how long ago were you told by a doctor that you had diabetes? _____ □ years □ months □ weeks □ days

6. Are you now taking diabetes pills? □ Yes □ No

7. Are you now taking insulin? □ Yes □ No

8. How would you rate your understanding of diabetes and its treatment? Circle one number

   Poor 1 2 3 4 5 6 Excellent 7

9. Do you have family members (immediate family, mother, father, sisters, brothers, sons, daughters) who have been diagnosed with diabetes? □ Yes □ No

10. What is your height? _____ feet _____ inches

11. How much do you weigh? _____ pounds

12. Have you been told by a health provider that you have?
    High Blood Pressure □ Yes □ No    High Cholesterol (fats) □ Yes □ No

13. Do you have a “regular” doctor or nurse that you see for your health care? □ Yes □ No

14. I live in: □ Charleston County □ Georgetown County □ Other County ______________________

15. Why did you come today? ____________________________________________

16. How did you hear about today’s program? □ Newspaper/flyer □ Friend/relative
    □ Doctor/nurse □ Church □ Other ______________________

You are done! THANK YOU! Please return to staff person or the session leader!

REACH generic participant form 11-17-09