

**Class Behaviors Survey – Pre
For New People Only**

Group - Reg # _____ -- _____

Location _____ First Name, Last Initial _____

1	<p>How many days a week do you get 30 minutes or more of physical activity that makes you break out into a sweat? (three 10 minute sessions or two 15 minutes sessions can count.)</p> <p align="center">0 1 2 3 4 5 6 7</p>
2	<p>About how many servings of fruits and vegetables do you eat each day? (Each serving is about ½ cup.) Please circle your answer.</p> <p align="center">0 1 2 3 4 5 6 7 8 or more</p>
3	<p>Has your doctor ever said that you have high blood pressure? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you taking medication for blood pressure? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Do you usually take your blood pressure medications as directed? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If not, why not?</p> <p><input type="checkbox"/> 1- can't afford or too expensive</p> <p><input type="checkbox"/> 2- don't really know how or when to take</p> <p><input type="checkbox"/> 3- unpleasant side effects</p> <p><input type="checkbox"/> 4- can't remember to take regularly</p> <p><input type="checkbox"/> 5- other _____</p>
4	<p>Do you smoke or use tobacco products? Yes No</p>

**If you have diabetes,
please continue to answer questions #5 – 8.**

For people with diabetes only.

Please check the 1 statement that most closely matches how you feel.

5 When it comes to managing my blood sugar

- 0 I do not know how to handle most of my blood sugar problems
- 1 I know a little but I am not confident
- 2 I know some tips that I can try before calling my health care provider
- 3 I am confident that I know what to do for most blood sugar problems

6 How often do you test your blood sugar? (Please circle your answer.)

- Never ₀ Once a day ₁ 2 times per day ₂ 3 times per day ₃
- 4 times per day ₄ Other _____ ₈ (please specify)

7 How often do you check your feet?

- Never ₀ Every day ₃ Once a week ₁ Twice a week ₂
- Other (please specify) _____ ₈

8 Are you taking medication for blood sugar? ₁Yes ₀No

Do you usually take your diabetes medications as directed? ₁Yes ₀No

If not, why not?

- 1- can't afford or too expensive
- 2- don't really know how or when to take
- 3- unpleasant side effects
- 4- can't remember to take regularly
- 5- other _____

Many thanks for completing this survey!