Volunteer Survey

Please mark your response(s) to each question. We understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

All the information will be kept confidential.

Tell us about yourself…

1) Which are you? Male □ 1        Female □ 2

2) How old are you? ___________ Years old

3) How much schooling have you completed? (Check one box)
   □ 1 8th grade or less        □ 4 Some college or technical school
   □ 2 Some high school         □ 5 College graduate
   □ 3 High school graduate    □ 6 Graduate degree

4) Are you Hispanic or Latino? (Check one box)        Yes □ 1        No □ 2

5) What is your race? (Check one box)
   □ 1 White
   □ 2 Black or African American or African ancestry
   □ 3 Asian
   □ 4 Native Hawaiian or other Pacific Islander
   □ 5 American Indian or Alaska Native
   □ 6 Other [Please specify] ____________________________
6) Do you have any kind of health care coverage, such as health insurance, prepaid plans (such as an HMO) or a government plan (such as Medicaid or Medicare)? (Check one box)

☐ 1 Yes
☐ 2 No
☐ 9 Don’t know / Not sure

7) In general, would you say your health is: (Check one box)

☐ 1 Excellent
☐ 2 Very Good
☐ 3 Good
☐ 4 Fair
☐ 5 Poor
☐ 9 Don’t know / Not sure

8) Have you ever been told by a doctor that you have diabetes?

(Check one box)

☐ 1 Yes
☐ 2 No
☐ 3 No, but I have been told I have pre-diabetes or borderline diabetes
☐ 4 No, but I have been told I am at risk for diabetes
☐ 9 Don’t know / Not sure
9) Are you a health care professional?
- [ ] 1 Yes
- [ ] 2 No

If “Yes”, please indicate your profession:
- [ ] 1 MD/DO
- [ ] 2 Physician Asst
- [ ] 3 Nurse
- [ ] 4 Psychologist/Psychiatrist
- [ ] 5 Social Work
- [ ] 6 Other

10) Does your congregation have a health ministry?
- [ ] 1 Yes
- [ ] 2 No

**Defy Diabetes Sessions**

Session #1 Healing the Body: Diabetes Prevention

Did you...

1. Change any printed wording?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don’t know

2. Change or replace any pictures or images?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don’t know

3. Change or replace any examples to be more appropriate?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don’t know

4. Give at least a 1-hour session?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don’t know

5. Drop a topic within a class?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don’t know
**Defy Diabetes!**

**Volunteer Survey**

Session #2 Healthy Eating

Did you...

1. Change any printed wording?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

2. Change or replace any pictures or images?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

3. Change or replace any examples to be more appropriate?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

4. Give at least a 1-hour session?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

5. Drop a topic within a class?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

Session #3 Healing the Spirit Through Self-Care

Did you...

1. Change any printed wording?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

2. Change or replace any pictures or images?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

3. Change or replace any examples to be more appropriate?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

4. Give at least a 1-hour session?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

5. Drop a topic within a class?  
   - [ ] 1 Yes  
   - [ ] 2 No  
   - [ ] 9 Don’t know

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The project has been brought to you by the Institute for Leadership and the New York State Health Foundation.
Sessions #4, #5, and #6
Please indicate the topic/theme for your last 3 sessions.

<table>
<thead>
<tr>
<th>Topic/Theme:</th>
<th>Session</th>
<th>Session</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Track Your Numbers</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>b. Reading Nutrition Facts Labels &amp; Recipes</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
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<tr>
<td>c. Practicing Your Faith at the Table</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
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<tr>
<td>d. The Cost of Eating Well</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>e. What Exactly Should I Eat?</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>f. Empowering Families to Make Healthy Choices</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
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<tr>
<td>g. Challenges to Healthy Eating and Strategies for Improvement</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
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<tr>
<td>h. Smart Snacking</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>i. Dance!</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>j. Unraveling the Stress-Obesity Knot</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>k. Pedometer Power</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
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</table>
Volunteer Survey

Linkages with local resources:
Have you, your health ministry or the leadership of your congregation contacted any of the following people, businesses, or organizations about addressing diabetes in your community?

(Check all that apply)

☐ a. IFL Program Associate
☐ b. Private Practice Doctor
☐ c. Nurse
☐ d. Clinic
☐ e. Hospital
☐ f. Certified Diabetes Educator
☐ g. Health Insurance Agent
☐ h. Screening Agency
☐ i. Dietician/Nutritionist
☐ j. Fitness Instructor
☐ k. Supermarket/Grocery Store
☐ l. Fitness Facility/Gymnasium
☐ m. Potential Program Funder
☐ n. Incentives Supplier
☐ o. Psychologist/counselor
☐ p. Drugstore/pharmacist
☐ q. American Diabetes Association office
☐ r. Community Coalitions for Diabetes Prevention
☐ s. New York Diabetes Coalition
☐ t. NY State Diabetes Prevention and Control Program
☐ u. Other
Organizational Support

1) Did your diabetes program have administrative support? □ 1 Yes □ 2 No

2) Did your congregation’s staff help with recruitment for your diabetes program? □ 1 Yes □ 2 No

3) Did your diabetes program need additional financial support? □ 1 Yes □ 2 No

4) Were you assigned adequate meeting space for your diabetes program? □ 1 Yes □ 2 No

5) Were you assigned consistent meeting space for your diabetes program? □ 1 Yes □ 2 No

6) Will your congregation offer the diabetes program again? □ 1 Yes □ 2 No

7) Would you be willing to lead additional diabetes classes? □ 1 Yes □ 2 No

8) Do you plan to seek funding support to continue this diabetes program? □ 1 Yes □ 2 No
Defy Diabetes Training

1. How would you rate your knowledge of type 2 diabetes **before the training program**?
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

2. How would you rate your knowledge of type 2 diabetes **after the training program**?
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

3. How well did the **training program** prepare you to present “Defy Diabetes” education sessions?
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

4. How well did the training program prepare you to provide emotional and behavioral support to participants during the “Defy Diabetes” program?
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

5. Overall, how would you rate the support you received from IFL for “Defy Diabetes”?
   - Poor
   - Fair
   - Good
   - Very Good
   - Excellent

6. Did you get financial support from the “Institute for Leadership”?
   - Yes
   - No

Thank you!