**Healthy Heart Initiative**

**Participant Feedback Survey**

Eastern Band of Cherokee

Survey

Please choose and circle the best answer to the following questions

1. What are some of the barriers now or in the past that have caused you to miss appointments?

Transportation

Work schedule

Childcare

Forgot

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What type of physical activity do you enjoy?

Hiking

Biking

Jogging

Walking

Swimming or other water sport

Generalized sports – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skiing

Bowling

Fitness Center

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How do you feel about working in a group activity?

Working in groups does not bother me at all

I am okay working in a group but prefer not to

I do not like working in group settings

4. Would you be willing to participate in extracurricular activities or activities outside your medical visits? Example- joining a walking group.

Yes No

If yes, what type of activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What type of group activities are you involved in now. If none, what has kept you from doing so?

Suggestions?

6. Are you willing to participate in group activities if they were more family friendly?

Yes No

7. Would you like your family to be more involved in your treatment and in reaching your individual goals?

Yes No

8. What suggestions do you have to help us better serve you?

9. If we offered your medical visit in a group setting, would you be more likely to participate if it were offered in the evening time?

Yes No

If no, what time would be better for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What day and time is best for you to participate in group activities?

Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions are related to how you feel about your health. Please circle the answer that best fits.

How healthy do you believe you are?

Poor Fair Good Excellent

In regards to diabetes, what is your goal on how to make your diabetes better?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of diabetes do you have?

Type 1 Type 2 Gestational

I don’t know

How important is your health to you?

Not at all Fairly important Important Very important

How important is your diabetes to you?

Not at all Fairly important Important Very important

How motivated are you to make personal changes towards your diabetes?

Not at all Somewhat Very motivated

Do you know your A1c?

Yes No

The following questions are to see how much information you already know about diabetes.

1. What is diabetes?

2. What number should your A1C be at to be at goal?

3. What are risk factors for heart disease?

a. Smoking

b. family history of heart disease

c. Overweight

d. high cholesterol

e. High blood pressure

f. All of the above

4. Having high blood pressure and high cholesterol does not put you at risk for heart disease.

True/False

5. I can make positive changes in my personal life that can make my diabetes better.

True/False

6. Diabetes is the end of the road.

True/False

7. Once I start taking diabetes medications, I will be on them for the rest of my life.

True/False

8. I should have a diabetes complete foot exam

a. every month

b. never

c. once a year

d. every day

9. I should check my own feet

a. every month

b. never

c. once a year

d. every day