INSTRUCTIONS: PLEASE FILL OUT THE FOLLOWING SURVEY ABOUT DIABETES (HIGH SUGAR). PLEASE DO NOT PUT YOUR NAME ON THE SURVEY OR RETURN ENVELOPE PROVIDED. RETURN POSTAGE HAS BEEN PROVIDED. THANK YOU FOR YOUR HELP.
PLEASE RETURN WITHIN THE NEXT WEEK.

1. Where do you live? (Please circle)
   Lancaster Great Falls Fort Lawn Heath Springs
   Kershaw Indian Land

2. Do you know what diabetes is? YES NO

3. Do you have diabetes? YES NO

   If you have diabetes, do you feel that you have received good health
   care/ education in treating your illness? YES NO

   If you have diabetes, which of the following have been available to you
   to help you with your illness? (Circle all that apply)

   Support Group
   Dietician (help with the food you can eat)
   Foot care instruction
   Routine eye exams
   Access to social workers
   Supportive friends and family

4. Does anyone in **your family** have/had diabetes? YES NO

How many people in **your family** have/had diabetes? _____

If **your family members** have diabetes, do you feel that they have
Received good health care/education in treating their illness?
YES NO NOT SURE

5. Do you feel that diabetes is an illness that deserves more attention in
your community? YES NO NOT SURE

6. Do you feel that a diabetes education center would be good for your
community? YES NO NOT SURE

7. Is there anything that you want to say about your experience with
diabetes? (Please use the following space)

Thank you for your help!