

Version Date: February 17, 2011



### DREAM Project Screening Questionnaire

Objective: To determine eligibility to participate in the DREAM Project Intervention.

CHW Script: The DREAM Project Intervention is a research study where you will receive support from a Community Health Worker to help you manage your diabetes. A Community Health Worker is a member of the South Asian community with extensive knowledge of the community's needs and of the needs of diabetics in the South Asian community.

I am a Community Health Worker at the project and have received extensive training about diabetes and its complications. If you are selected in this intervention, I will be providing you training on wellness, nutrition, stress relief and controlling your diabetes. These training sessions will be held once a month for six months in the community and will be in small group settings. We will be calling you or visiting with you on a regular basis to see how you are doing. We will also ask you questions on a regular basis to understand if the program is helping you make changes to improve your diabetes.

If you are eligible to participate in the study, you will have the option of providing your name and information on a sign-in sheet. We will then contact you with further information regarding the study.

1. Do you consider yourself to be of Bangladeshi descent (born in Bangladesh or born in the U.S. / other country to one or more Bangladeshi parents)?
  - a. Yes
  - b. No

[IF NO, END THE SURVEY]

2. Have you ever been told by a doctor that you have Type II diabetes?
  - a. Yes
  - b. No
  - c. Not Sure
  - d. Other \_\_\_\_\_

[IF NO, END THE SURVEY]

3. How old are you? \_\_\_\_\_ [IF AGE<25 OR >85, END THE SURVEY]

4. Which borough do you currently live in?
  - a. Bronx
  - b. Brooklyn
  - c. Manhattan
  - d. Queens
  - e. Staten Island
  - f. Other \_\_\_\_\_ [IF "OTHER", END THE SURVEY]

- 5. Gender
  - a. Male
  - b. Female
  - c. Other \_\_\_\_\_

[IF MALE, SKIP QUESTION #7]

- 6. Are you currently pregnant?
  - a. Yes
  - b. No
  - c. Not Sure
  - d. Other \_\_\_\_\_

[IF YES, END THE SURVEY]

- 7. How long have you had Diabetes? Number of Years: \_\_\_\_\_ Don't Know / Not Sure: \_\_\_\_\_
- 8. Do you have a regular doctor or place that you go for treatment of your diabetes?
  - a. Yes
  - b. No
  - c. Not Sure
  - d. Other

[IF NO, GO TO QUESTION 10]

- 9. Where do you go for treatment of your diabetes? (Please check all that apply)
  - e. Go to a Private Doctor / Physician  
(Get name / location of doctor) \_\_\_\_\_
  - f. Go to a Community Clinic  
(Get name / location of clinic) \_\_\_\_\_
  - g. Go to the Emergency Room  
(Get name / location of ER) \_\_\_\_\_
  - h. Go to the hospital  
(Get name / location of hospital and doctor) \_\_\_\_\_
  - i. Take medicine at home
  - j. Other \_\_\_\_\_
- 10. Are you planning on traveling outside of the country for a period of >3 weeks in the next 6 months?
  - a. Yes
  - b. No
  - c. Not Sure
  - d. Other \_\_\_\_\_

[IF YES, EXPLAIN THAT ATTENDANCE AT ALL OF THE SESSIONS IS STRONGLY ENCOURAGED & SUGGEST HE/SHE LEAVE CONTACT INFORMATION TO PARTICIPATE IN NEXT ROUND OF INTERVENTION.]

11. I am going to ask you a series of questions regarding your health status

	YES	NO
a. Are you currently on renal dialysis?		
b. Do you have any other serious illnesses?		
c. Have you had any other serious illnesses within the last 12 months?		
d. Have you had a coronary event within the last 3 months?		
e. Are you currently participating in any other research studies or programs related to diabetes or cardiovascular disease?		
f. Do you have any physical issues which would make it difficult for you to attend educational sessions?		

[IF ANSWERS YES TO ANY OF THESE QUESTIONS, END SURVEY]

END OF SURVEY:

IF PARTICIPANT IS NOT ELIGIBLE, SAY:

“Thank you for completing this questionnaire. You are not eligible to participate in this program at this time. Please take this information brochure on diabetes prevention. Also, if you have any friends or relatives that have Type II diabetes and may be interested in this program, please have them contact me. My contact information is listed on the brochure.”

IF PARTICIPANT IS ELIGIBLE, SAY:

“Good news! You are eligible to participate in this exciting research study. If you decide that you want to participate in this study, I will be providing you training on wellness, nutrition, stress relief and controlling your diabetes. These training sessions will be held once a month for six months in the community and will be in small group settings. We will be calling you or visiting with you on a regular basis to see how you are doing. We will also ask you questions on a regular basis to understand if the program is helping you make changes to improve your diabetes. If you are interested in learning more about the study, please leave your name and contact information on the sign-in sheet, and we will be contacting you shortly.”

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