

Sweet Success Stress Check California Diabetes and Pregnancy Program

Welcome to Sweet Success! It is our goal to assist you during your pregnancy to manage your diabetes. Living with diabetes can be difficult. Your feelings and reactions to stressful situations and other worries can affect your blood sugar or what foods you choose to eat.

We want to help you take good care of yourself and your pregnancy. Although diabetes includes testing your blood sugar levels and eating recommended foods, it also includes learning how stress and problems in your life affect YOU and how you cope with them.

Please complete the following questions. Your answers will help us have a better understanding of how we can be of more assistance. We keep your answers confidential and private. Feel free to talk about your concerns with any of our staff.

Thank you.

Name: _____ Today's Date: _____ Baby's Due Date: _____

What kind of diabetes do you have? Type 1 Type 2 Gestational (GDM) I am not sure

For the following statements, please circle the number that best describes how you agree or disagree.	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
---	------------------------	---------------	--------------	------------	---------------------

Coping With Diabetes

I find it hard to believe I have diabetes.	1	2	3	4	5
I find it hard to understand all the information.	1	2	3	4	5
I can easily test my blood sugar levels 4 times a day	1	2	3	4	5
I need help handling my feelings about diabetes.	1	2	3	4	5
I am comfortable with my diabetes care team.	1	2	3	4	5

Caring For You and Your Needs

I have family and friends who support me if I need it.	1	2	3	4	5
I feel safe and supported in my life right now.	1	2	3	4	5
I am in a safe, stable relationship now.	1	2	3	4	5
In general, I feel happy about this pregnancy.	1	2	3	4	5
I had losses in past pregnancies that worry me now.	1	2	3	4	5
There are things in my life that are overwhelming	1	2	3	4	5
I have many problems in my life right now.	1	2	3	4	5

Coping

I handle my feelings fairly well.	1	2	3	4	5
I know diabetes causes stress in my life.	1	2	3	4	5
I see how stress changes my blood sugar numbers.	1	2	3	4	5
I could use help handling my negative feelings.	1	2	3	4	5
I may want to talk with someone about the stress I have	1	2	3	4	5



Food and Eating

I am confident I can manage my diet at home.	1	2	3	4	5
I am confident I can manage my diet away from home.	1	2	3	4	5
I get support from my family for my diabetic diet.	1	2	3	4	5
I can eat the right foods even when I cook for others.	1	2	3	4	5

1. What makes it difficult for you to take care of yourself?

- | | |
|---|--|
| <input type="checkbox"/> Finding it hard to believe I have diabetes | <input type="checkbox"/> Family or friends not understanding or not being supportive |
| <input type="checkbox"/> Job stress or lack of work | <input type="checkbox"/> What other people say about how I should take care of my diabetes |
| <input type="checkbox"/> Money problems or worries | <input type="checkbox"/> Drinking beer, wine or other alcohol |
| <input type="checkbox"/> Having trouble resting or relaxing | <input type="checkbox"/> Smoking tobacco, cigarettes |
| <input type="checkbox"/> Family stress (problems with children or partner/spouse) | <input type="checkbox"/> Smoking marijuana or using other drugs |
| <input type="checkbox"/> Other, please explain | |

TAKING CARE OF YOU

2. What is positive in your life right now and/or what do you feel good about?

- | | | |
|---|--|--|
| <input type="checkbox"/> My marriage/relationship | <input type="checkbox"/> Faith/religion | <input type="checkbox"/> I can make good decisions |
| <input type="checkbox"/> Support from friends | <input type="checkbox"/> My ability to be flexible | <input type="checkbox"/> Other, please explain |
| <input type="checkbox"/> Family support | | |

3. What do you do when you feel upset or stressed?

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Keep busy & not think about it | <input type="checkbox"/> Exercise | <input type="checkbox"/> Get angry or yell |
| <input type="checkbox"/> Talk with a family member | <input type="checkbox"/> Eat | <input type="checkbox"/> Drink alcohol or use drugs |
| <input type="checkbox"/> Keep it to myself | <input type="checkbox"/> Cry | <input type="checkbox"/> Other, please explain |

4. What person, advice, care or support is helpful to you?

- | | |
|--|---|
| <input type="checkbox"/> Friends or family | <input type="checkbox"/> Spiritual leader (priest, minister, elder, shaman, Iman) |
| <input type="checkbox"/> Mother or mother-in-law | <input type="checkbox"/> Herbalist |
| <input type="checkbox"/> Curandera/Healer | <input type="checkbox"/> Other: |

5. I would like to discuss my family history of diabetes and how it impacts the future of my family

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. I would like information about reducing stress

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

7. I would like a referral for food, housing or clothing

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Thank you for taking the time to complete this questionnaire.
Your answers will assist us in working with you.