A Culturally Tailored Community Health Worker Intervention Leads to Improvement in Patient-Centered Outcomes for Immigrant Patients With Type 2 Diabetes

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Supplementary Data

Files in this Data Supplement:

Supplementary Table

TABLE S1. Patient Assessment Questionnaire

Question	Responses
Diabetes Knowledge	
Do you know what Hemoglobin A1c is?	Yes; No; Don't know
Hemoglobin A1c is a test that is a measure of your average blood sugar level for the past:	Days; Weeks; 3 Months; 6 Months; Don't know
What effect does an unsweetened fruit juice have on blood glucose?	Lowers it; Raises it; Has no effect; Don't know
For a person in good diabetes control, what effect does exercise have on blood glucose?	Lowers it; Raises it; Has no effect; Don't know
Infection is likely to cause	An increase in blood glucose; a decrease in blood glucose; No change in blood glucose; Don't know
The best way to take care of your feet is to:	Look at them and wash them each day; Massage them with alcohol each day; Soak them for an hour each day; Buy shoes larger than usual; Don't know
Eating foods lower in fat decreases your risk for:	Vision problems; Kidney problems; Nerve problems; Lung problems; Don't know
Numbness and tingling may be symptoms of:	Kidney disease; Nerve disease; Liver disease; Eye disease; Don't know
Signs of high blood sugar include:	Shakiness; Very thirsty; Sweating; Don't know
If you are sick with the flu, which of the following changes should you make?	Take less insulin; Drink less liquid; Eat more proteins; Test for glucose; Don't know
Physical Activity	
During the last 7 days, on how many days did you do large effort physical activities that made your heart rate and breathing much faster?	
How much time did you usually spend doing these hard types of physical activities on those days?	
During the last 7 days, on how many days did you do moderate physical activities?	
How much time did you usually spend doing these moderate types of physical activities on a normal day that you do activity?	
How much confidence do you have:	
Knowing what exercises are healthy for you? Exercising for at least thirty minutes five times each week in the future?	No confidence; Very little confidence; Moderate confidence; A lot of confidence No confidence; Very little confidence; Moderate confidence; A lot of confidence

For each of the questions, below indicate your agreement with the statement:

I don't have enough time to exercise. Agree; Disagree I am not motivated to exercise. Agree; Disagree I don't have a safe place to exercise. Agree; Disagree Health problems prevent me from exercising. Agree; Disagree I need someone to exercise with but don't have one. Agree; Disagree

Diet

How often do you: (portion control)

Refuse offers of food when you're not hungry? Try to limit the number of food servings you ate? Try to limit the size of food servings you ate?

Try to find something else to do instead of snacking?

Are you confident that you can? (confidence)

...stay on a healthy diet.

...can cook a healthy diet. ...decrease the amount of sugar and sweets you eat.

...decrease the amount of fat and cholesterol in the foods

vou eat.

Do you agree with the following statements? (barriers)

It is difficult for me to choose a healthy snack I cannot afford to buy healthier foods I do not have the time to prepare healthier foods There is no store for me to buy healthy foods

It is uncomfortable for me to refuse unhealthy foods when

they are offered to me at get-togethers

I do not like how healthier foods taste I do not cook healthier foods because my family does not like them

Self-management

Medication adherence

Do you sometimes forget to take your medications? People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past 2 weeks, were

Almost never or never; Sometimes; Often; Almost always or always Almost never or never; Sometimes; Often; Almost always or always Almost never or never; Sometimes; Often; Almost always or always Almost never or never; Sometimes; Often; Almost always or always

Yes; No Yes; No Yes; No Yes; No

Disagree; Agree Disagree; Agree Disagree; Agree Disagree; Agree Disagree; Agree

Disagree; Agree Disagree; Agree

Yes; No Yes; No

there any days when you did not take your medication? Have you ever cut back or stopped taking your medication without telling your doctor because you felt worse when you took it?	Yes; No
When you travel or leave home, do you sometimes forget to bring along your medications?	Yes; No
Did you take your medications yesterday?	Yes; No (backcoded)
When you feel like your diabetes symptoms are under control, do you sometimes stop taking your medications?	Yes; No
Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your diabetes management plan?	Yes; No
How often do you have difficulty remembering to take all your medications?	Never; Rarely; Once in a while; Sometimes; Usually; Always
How often do you check your blood sugar? About how often do you check your feet for sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. How do you manage your diabetes?	Daily; Weekly; Monthly; Every six months; When I feel sick; Never
Diet control	Yes; No
Physical activity Self-efficacy	Yes; No
How often do you have to make your own health related decisions?	None of the time; A little of the time; Some of the time; Most of the time; All of the time
Do you feel comfortable asking your doctor about questions	None of the time; A little of the time; Some of the time; Most of the time; All of
or health issues you don't understand or know?	the time
Do you feel comfortable going to the doctor alone?	None of the time; A little of the time; Some of the time; Most of the time; All of the time
Do you know where to go to get medical attention?	None of the time; A little of the time; Some of the time; Most of the time; All of the time