BUILDING COMMUNITY SUPPORT FOR
DIABETES SELF MANAGEMENT

QUESTIONNAIRE – EMPLOYERS

Name of Business:_____ Phone:_____

Address: _____

_____

Type of Business: _____ Number of Employees: _____

Do you know <u>how many</u> of your employees are diabetic? Yes_____ No_____

If yes, does their diabetes affect your "day to day" operations? Yes_____ No_____

If yes, <u>how</u> is your operation affected?

(please check all that apply)

★ They miss work for doctors' appointments for diabetes-related complications_____

★ Approximate number of people who miss work for diabetes-related complications/week_____

★ They have a difficult time seeing the food they are picking_____

★ Other affects (please list):

_____

_____

_____

How many "sick days" do your employees have?_____

What are the consequences when an employee uses up all his/her sick days due to illness?_____

Do you think that unmanaged diabetes is a problem for your business?Yes_____No_____

Would you be willing to help your diabetic employees to better manage their illness? Yes_____ No_____

Please check all that you would consider doing to help your diabetic employees:

Attend a diabetes seminar to learn more about the disease_____

Read information about diabetes to learn more about the disease_____

Distribute information to employees to help them better manage their diabetes_____

Allow diabetics more flexible work schedules to accommodate doctors' appointments related to diabetes_____

Join a task-force to identify solutions to help employees better manage their diabetes, lessen the impact on your business _____

Other _____