

# 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
<b>Coping With Diabetes</b>					
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
<b>Caring For You and Your Needs</b>					
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
<b>Coping</b>					
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
<b>Food and Eating</b>					
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?

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

**TAKING CARE OF YOU**

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

- |                           |                           |
|---------------------------|---------------------------|
| My marriage/relationship  | Family support            |
| Support from friends      | Faith/religion            |
| My ability to be flexible | I can make good decisions |
| Other, please explain     |                           |

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

- |                                |                            |
|--------------------------------|----------------------------|
| Keep it to myself              | Get angry or yell          |
| Keep busy & not think about it | Eat                        |
| Cry                            | Exercise                   |
| Talk with a family member      | Drink alcohol or use drugs |
| Other, please explain          |                            |

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

- |  |                         |
|--|-------------------------|
| Friends or family  | Mother or mother-in-law |
| Spiritual leader (priest, minister, elder, shaman, Iman) | Herbalist               |
| Other  | Curandera/Healer        |

5. I would like to discuss my family history of diabetes and how it impacts the future of my family      Yes      No

6. I would like information about reducing stress      Yes      No

7. I would like a referral for food, housing or clothing      Yes      No

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

Reviewed on \_\_\_\_\_ by \_\_\_\_\_

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