Summary of Diabetes Self-Care Activities (SDSCA) assessment tool among peer support program participants (intervention groups) versus control groups of patients with diabetes multiuse attended to ACSH, January 2025.

The following statements describe self-care activities related to your diabetes. Thinking about your self-care over the last seven days, please specify the extent to which each statement applies to you. **(SDSCA Measure Items)**		**Intervention group Participant Pt. Code: _____**		**Control group Participant Pt Code: _____**	
		Baseline	**Endline**	**Baseline**	**Endline**
Diet	**Response: Put number (0-7) of days per week for each item**				
General Diet	1. How many of the last SEVEN DAYS have you followed a healthful eating plan?				
	2. On average, over the past month, how many DAYS PER WEEK have you followed your eat plan?				
Specific Diet	3. On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?				
	4. On how many of the last SEVEN DAYS did you eat high fat foods such as red meat or full-fat dairy products?				
Physical Activities (Exercise)					
5. On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity (total minutes of continuous activity, including walking)?					
6. On how many of the last SEVEN DAYS did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?					
Blood sugar testing					
7. On how many of the last SEVEN DAYS did you test your blood sugar?					
8. On how many of the last SEVEN DAYS did you test your blood sugar the number of times recommended by your health care provider?					
Foot care					
9. On how many of the last SEVEN DAYS did you check your feet?					
10. On how many of the last SEVEN DAYS did you inspect the inside of your shoes?					
Health care provider recommendations on adherences towards					
Medications	11. On how many of the last SEVEN DAYS did you space carbohydrates evenly through the day?				
	12. On how many of the last SEVEN DAYS did you take your recommended diabetes medication?				
	13. On how many of the last SEVEN DAYS did you take your recommended insulin injections?				
	14. On how many of the last SEVEN DAYS did you take your recommended number of diabetes pills?				
Foot care	15. On how many of the last SEVEN DAYS did you wash your feet?				
	16. On how many of the last SEVEN DAYS did you soak your feet?				
	17. On how many of the last SEVEN DAYS did you dry between your toes after washing?				