

User Research Summary



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1. Stakeholders

The primary stakeholders are those people at high risk for developing prediabetes. According to the US Centers for Disease Control (CDC), high risk groups fall into these categories:

1. 45- to 64-year-olds who also meet one or more of the following criteria:
 - fall into an at-risk weight group (chart available at <http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>)
 - get little or no exercise

2. Anyone over the age of 65

A team member collected initial data using the CDC risk assessment quiz as a paper survey given to 9 participants (4 over the age of 45 and 5 participants younger than 45). Her data confirmed two important things: that 45- to 64-year-olds were in the high risk group, but more importantly as we narrow our potential user base, that people under the age of 45 were less likely to be readily placed in a high risk group. Also another team member pointed out that people over the age of 65 were likely to already be under a physician's supervision.

Informed by these preliminary insights, we chose to focus on those in the 45-64 age group who engaged in little or no exercise and/or belonged in an at-risk weight group. This narrowing of focus would support us in creating a more tailored intervention while avoiding developing an intervention with features to please everyone that pleased no one.

We considered input from other stakeholders, such as family members interested in improving the health of loved ones, but realized it would be difficult to collect that data at this stage. However, once we have a prototype, other stakeholders who were not primary could be consulted (such as professionals involved in prevention of prediabetes and type 2 diabetes and family members of those at high risk).

2. User Research Methods

1. User interviews (see *Appendix A* for the interview guide and *Appendix D* for two samples of interview transcripts)

Based on readily available knowledge on the Centers for Disease Control's website concerning prediabetes and Group 8's experience working with colleagues in this and related health areas, the team used a semi-structured interview guide with probes to collect data in the three main areas most pertinent for the prevention of prediabetes or the advance of prediabetes to type 2 diabetes: increased physical activity; healthier eating; and mood improvement. Each section focused on the what, where, when, and how as a way to gather concrete data on what types of interventions would be most useful as well as most effectively deployed.

Key informant interviews are a well-established way to collect qualitative data from participants. Because this project is a potential health application that may become part of a larger follow-up biomedical research project, Group 8 wanted to use a data collection method that would be recognizable to federal funding bodies.

The interview guide was piloted with 2 participants and the team reviewed the findings as well as how well the guide worked. The guide seemed to work well for our purposes, so no changes were made. Eight more interviews were conducted for a total of 10. According to Josh LaMar, this number should give us a good sense of the key issues for our user group.

Because we employed targeted recruitment that focused on those who met the at-risk criteria for the 45- to 64-year-old demographic, all participants represented potential users. Each interview was conducted face-to-face or by phone and lasted about 15-30 minutes. Participants from both genders were interviewed and participants came from varying social, educational and economic backgrounds.

Our findings suggest that health is conceived of broadly and that enjoying life (like dining out once in awhile) is important for wellbeing. Additionally, some participants expressed a desire to combine physical activities with social interaction. Having a friend or family member to share the experience with seemed to be an important feature, and while an indifferent or unsupportive partner could impede activities, having another person to motivate and hold the individual accountable was welcome.

Nutrition was an area that multiple respondents reported difficulty in managing. While the importance of healthy eating was understood, adherence to those practices were often overlooked in the name of convenience or saving money. It was more important to eat what was already in the cabinet than to discard it and purchase new food.

It was interesting to note that the many of those interviewed admitted to knowing that they overweight and were not engaging in adequate physical activities. We found some of the barriers for insufficient exercising include: physical conditions, time/schedule, being tired or "lazy" and cost. Cravings for unhealthy foods might happen when people feel stressful, in a bad mood, or in a relaxed situation. When meeting difficulties in life, people tend to work things out

themselves instead of asking for help from friends or family directly. Interestingly, we also found a number of different eating/exercising/mood patterns based on different genders.

2. Secondary research (see *Appendix B* for a synopsis of a select bibliography)

We conducted a review of recent biomedical literature to ensure that any recommendations the intervention would make to users would be based on evidence. The literature confirmed that focusing on the three areas we chose (healthy eating, physical activity, and mood improvement) were correlated with reducing one's risk of prediabetes (and type-2 diabetes as well as a host of other chronic conditions, like coronary artery disease, or serious illnesses, such as cancer).

Healthier eating habits seemed best supported by nutrition education. Interestingly, commercial weight loss companies were effective at achieving both weight loss and behavioral change related to eating according to a recent article in the well-respected *American Journal of Public Health*. (Perhaps our intervention could link to such a program, such as *Weight Watchers*?) The most successful programs seeking to effect behavioral change related to healthier eating allowed participants to tailor the "menu" to meet their goals and respect their personal preferences.

Most articles referred to the well-known CDC recommendation that individuals engage in 150 minutes of moderate exercise per week. Some studies show that achieving this exercise goal on a single day has the same health benefits as spreading the exercising out over several days. (Note: trackers, such as FitBit, tend to track exercise goals by number of active days.) Interestingly, breaking up sedentary behavior—standing up and stretching or walking—when one has to sit for long periods of time also reduced risk (although it was recommended that it be done in conjunction with the recommended 150 minutes of physical activity). Still, for those who need to take baby steps to build the confidence acquired from achieving goals, this might be a good place to start.

Reducing stress is recommended on the CDC diabetes and prediabetes prevention websites and the literature supports this. Not only did poor mental health increase one's risk of developing diabetes, but it also had the knock-on effect of inhibiting adherence to prevention interventions. Similarly, those who did achieve prevention goals were able to do even better from the satisfaction derived from empowerment and self-efficacy.

Several interventions have well-evidenced technical components that our group might consider, alone or in combination: text messaging, online resources, digital counseling, and mobile or smart phone deployment. In addition, several studies concerned workplace interventions.

Interestingly, some studies showed that people who know or think they are at risk are willing to invest in the effort to effect lifestyle change. Finally, prediabetes and diabetes prevention programs are amenable to cultural tailoring.

3. "Draw the experience" (see *Appendix C* for select drawings)

Each team member asked one participant who met our eligibility criteria for prediabetes risk to draw their ideas of a healthy lifestyle. We chose this method as a more participant-centric way to generate ideas regarding good health. This method complements the interview data collection as the focus of the interview guide and its questions were generated by the team. It

also complements the secondary research method, in which the information garnered from a review of the literature was completely independent of our specific users. Drawing the experience resulted in some excellent insights as we discussed with participants the items they had drawn and why.

For example, one participant drew “activity” as raking leaves, which made our group think about activity as belonging to different tiers of intensity which—in turn—then made us think about the opportunities to tailor our intervention for different ability or interest levels and support such user customization. Food became a common element, with each participant depicting food differently, one listing which foods to avoid, another which healthy foods to eat, and the third depicting the pleasure of going out for a meal. Outdoor scenes were also depicted, as was meditation, spirituality, hiking, walking the dog, time with family and friends, “feeling useful or valued,” and enjoying artistic pursuits (like drawing and music). This emphasized for our group that an intervention that focused solely on traditional exercise modes and dieting would miss the opportunity to address the holistic element of wellness—all of which we realized could be incorporated in the intervention under the rubric of “mood improvement.”

3. Design Requirements

The intervention should:

- Be customizable to different potential activity levels (e.g., walking vs. running)
- Encourage users to interpret physical activity in terms of everyday things (e.g., raking leaves, vacuuming, playing with pets)
- Accommodate user preferences (e.g., cultural and personal preferences)
- Accommodate user’s schedule (working time, activity plans)
- Consider gender differences
- Be able to incorporate support from family and friends (e.g., encouraging messages)
- Help the user feel good about themselves
- Help the user build a good self-image as motivation
- Make a plan for the user
- Be “compulsive” to some extent so the user is motivated to take actions
- Have a holistic view of health and wellness (e.g., not just focused on “steps” or calorie counting but also on mental and emotional health)
- Consider people’s acceptance for technologies (e.g. mobile apps, wearables)
- Be easy to use (e.g. tracking diet, progress)
- Account for people’s emotional needs (e.g. when feeling lonely or discouraged)
- combine the user’s health goals with his/her long-term life goals
- Allow the user to make “mistakes” (indulge in ice cream after a day of hard work)

4. Personas



Susan Jones

"I know I should eat better and exercise more. I just wouldn't know where to start...or how to keep it up once I started."

Age : 57

Gender Identity : Female

Occupation : Human Resources Coordinator

Income : \$68,000/yr

Education : B.A. in Sociology

Technology Level : Uses a desktop computer regularly and owns a smartphone and a tablet.

Biography : Susan has worked for the same company for eighteen years and likes the stability that her choices have afforded her. She is a people person, and she wears her heart on her sleeve. Susan freely admits that she is an emotional eater and after a tough day she just wants to sprawl on the couch with a good movie and a pint of ice cream. She knows that she shouldn't do it and she knows that she should be exercising more often. She's tried making changes in the past, but found it was so different from her normal regimen that eventually she just went back to how things were before.

Goals for the system : Sustained guidance: Dietary recommendations, suggestions for increasing physical activity, goal tracking, a greater sense of well-being



Bob Campbell

“My wife and kids are always telling me to lose weight. I’ve tried diets and always feel awful when I fail. Besides, who wants to go through life depriving themselves all the time? Why do something that makes you feel bad?”

Age : 48

Gender Identity : Male

Occupation : Senior Line Cook

Income : \$42,000/yr

Education : Associates Degree

Technology Level : Occasional computer use. Owns a smartphone.

Biography : Bob works in a campus food court. He usually eats at his workplace or at a nearby restaurant. He walks, cooks, lift things at work but doesn’t have a scheduled workout plan. Last year Bob’s doctor told him that he was overweight and at risk of developing prediabetes. He kind of realizes how it impairs his health because he has friends who suffer with diabetes. However, he feels a systematic health management program will take too much effort and doesn’t want to live under “confinement”. His wife and kids sometimes remind him of the health issue but none of them force Bob to do anything.

Goals for the system : Live both healthily and happily, have clear goal and path, be motivated



Baldwin Douglas

“My health goals are pretty much on track now, but it’d still be nice to have support once in awhile. You know, just on the things where I’m weak, like snacking before dinner...”

Age : 53

Gender Identity : Male

Occupation : Escrow Officer

Income : \$59,900/yr

Education : High School Diploma

Technology Level : Uses a desktop computer at work and refuses to own a smartphone.

Biography : Baldwin works for a title company as an escrow officer. Each day at work is hectic and stressful. His way of addressing his tense nerves used to be eating. Add to that a tight work and family schedule, and he seldom made time to work out. His weight soared until he reached 280 pounds and he was diagnosed with prediabetes. From that, Baldwin worked to control his diet and workout regularly. He lost 48 pounds during the last year and is close reaching his goal. However, with victory just around the corner, he often finds himself worried that he might lose control and eat all the weight back.

Goals for the system : Reach target weight without backsliding, feel more secure about himself and his body, and feel like he is in control of his own life

5. Refine the Design Question

How can we support people at high risk of developing prediabetes (aged 45-64, little or no exercise and/or in an at-risk weight group) to “lighten up; lower your risk” by engaging in evidence-based activities related to risk reduction, such as losing weight through increased physical activity and healthier eating and activities that support improvements in mood?

We chose to refocus our question in a way that would tighten the scope of the project and, hence, help inform Group 8’s project moving forward. There are many ways to help prevent prediabetes; by focusing on those options that fall into the three “lighten up” categories **and** that are most valued by potential users, we can use the refined question to guide our efforts more explicitly.

Appendix A: Select Literature Review

Possible intervention elements:

1. Healthier eating:

Nutrition education helped US veterans prevent prediabetes from progressing to type 2 diabetes.¹

Any type of healthier eating must be tailored to an individual's goals while accommodating personal preferences (e.g., tradition, culture, religion, health beliefs and economics) and their actual ability to make changes (e.g., the resources available to them).²

Commercial weight loss programs are effective at creating the behavioral change needed to prevent diabetes and, hence, prediabetes.³ (The study looked at Weight Watchers.)

2. Exercise/activity:

Moderate exercise for 150 minutes per week is recommended.⁴

However, breaking up sedentary behavior—in addition to recommended moderate activity, just standing up to break up time spent sitting has type 2 diabetes and prediabetes prevention benefits⁵

3. Mood-related issues:

Getting fewer than 7 hours of sleep was associated with less weight loss and greater increase in diabetes among AI/AN participants.⁶

Poor mental health and stress was found to facilitate progression from prediabetes to diabetes in AI/AN adults.⁷ The authors felt their study was broadly applicable beyond the AI/AN population. Their findings also suggested that issues related to poor mood could also have a knock-on effect by preventing lifestyle change.

The authors of a prediabetes study postulated that the improvements in participants' health and productivity were due to better exercise and eating **but also from empowerment at achieving one's goals.**⁸

Types of interventions:

Text message support can lead to clinically significant weight loss in patients with prediabetes.⁹

Intensive **behavioral counseling—digital** and delivered remotely was successful at supporting weight reduction in seniors.¹⁰

Participants experienced significant health benefits from being enrolled in a trial to study a digital behavioral counseling service that promotes a healthy diet and physical activity for

cardiovascular disease prevention in adults with prediabetes.¹¹ (See note under “other items of interest” below.)

A **mobile platform** delivering the Diabetes Prevention Program achieved 5% weight loss over 24 weeks for those who completed the program.¹² (Note: per the CDC, losing just 5-7% of one’s weight for those in at-risk weight categories can cut risk by up to 50%.)

An **online** diabetes prevention program produced positive changes in eating habits, physical activity and wellness/productivity factors.⁸

A pilot prevention program **at work** that focused on healthy eating, physical activity, and behavior modification showed promise for helping adults with prediabetes lose their risk status.⁴ The program comprised 12-16 weeks of nutrition counseling and 150 minutes/week of moderate exercise.

Acceptability of interventions:

In a qualitative study with a diverse (n=35, 77% nonwhite), middle-aged cohort with prediabetes, most participants did not understand their diabetes risk; however, most were also supportive of intensive intervention to reduce risk.¹³ Most also preferred lifestyle interventions to medication (e.g., metformin), which likely means that **people who know they are at risk are willing to invest the effort in lifestyle change** rather than a silver-bullet pill.

Other items of interest:

Prediabetes and diabetes prevention programs have been successfully adapted to other cultures.¹⁴

The recommendations for the prevention of prediabetes and type-2 diabetes also reduce one’s risk of other chronic conditions, such as cardiovascular disease,¹¹ and other serious illnesses, such as cancer (notable colorectal, breast, and others).

1. Erickson M, Braun K, List R, et al. Evaluation of US Veterans Nutrition Education for Diabetes Prevention. *Journal of nutrition education and behavior*. Sep 2016;48(8):538-543 e531.
2. Franz MJ. Diabetes Nutrition Therapy: Effectiveness, Macronutrients, Eating Patterns and Weight Management. *The American journal of the medical sciences*. Apr 2016;351(4):374-379.
3. Marrero DG, Palmer KN, Phillips EO, Miller-Kovach K, Foster GD, Saha CK. Comparison of Commercial and Self-Initiated Weight Loss Programs in People With Prediabetes: A Randomized Control Trial. *American journal of public health*. May 2016;106(5):949-956.
4. Clark B, Boghani S, Grullon C, Batista M. The Impact of a Worksite-Based Diabetes Prevention Intervention: A Pilot Study. *Population health management*. Sep 13 2016.
5. Dempsey PC, Owen N, Yates TE, Kingwell BA, Dunstan DW. Sitting Less and Moving More: Improved Glycaemic Control for Type 2 Diabetes Prevention and Management. *Current diabetes reports*. Nov 2016;16(11):114.



INTERVIEW GUIDE: Lighten Up: Lower your risk.

Designing supports tool to educate and help adults aged 45-64 avoid prediabetes.

Preliminaries

- Reiterate/document
 - Voluntary participation
 - Stop at any time
 - Decline any question
- Confirm time availability for this 30-minute interview
- Confirm ok to take notes during the interview
- Ask if there are any questions.

Background/Introduction

- Prediabetes is a condition where an individual has a blood sugar level higher than normal, but not high enough for a diagnosis of diabetes. That person is at a higher risk for developing type 2 diabetes and other serious health problems, including heart disease, and stroke.
- Currently, 1 in 3 US adults has prediabetes and 90% of them do not know it. 15% to 30% will develop type 2 diabetes.

[Interviewer: The following 2 bullet points are to help you answer questions, but don't necessarily need to be shared.]

- There are several risk factors that can lead to an individual developing or already having prediabetes, these include:
 - Individuals older than 45 years of age
 - A family history of diabetes
 - Being overweight or obese
 - Having certain ethnic or racial backgrounds, including: African American, Hispanic/Latino, American Indian, Asian American, or Pacific Islander
 - Gestational diabetes (a history of diabetes while pregnant) or having given birth to a baby weighing more than nine pounds
 - Engaging in little to no physical activity
- Research has shown that doing just two things can help you prevent or delay type 2 diabetes:
 - Lose 5% to 7% of your body weight (which equates to 10 to 14 pounds for a 200-pound person)
 - Get at least 150 minutes of physical activity each week, such as brisk walking.

Demographics

[Interviewer: circle yes or no as appropriate]

Participant is:

45-64 years old: yes no

Gets little or no exercise: yes no

Is in an at-risk weight category: yes no

[Interviewer: please indicate gender (or gender identity)] male female neither

[Interviewer: circle any information you assumed and did not ask directly (e.g., you may not wish to ask directly about any demographic element that makes the interviewee uncomfortable or self-conscious)]

Demographics information assumed by interviewer: age exercise weight gender

Questions

One of the easiest ways to lower your risk of developing prediabetes is through increasing your physical activity, and all types of activity can count. Let's begin by having you to describe your current activity levels.

1. In a given week, how much physical activity would you say you engage in? (About how many minutes a week?)
2. What types of physical activities do you most often engage in?
3. When do you find yourself most likely to participate in a physical activity?
4. What barriers do you perceive that could cause you to not engage in physical activities?
5. What type of assistance/motivation would you find helpful in engaging in more physical activities? Do friends or family provide any assistance or motivation? If so, in what ways? If not, please say more about that.

Food plays an important role in our lives.

1. What types of food does your current diet primarily consist of? Which foods do you enjoy most? Why? Which foods do you enjoy the least? Why?
2. What three (3) steps would you like to take to begin eating healthier? What challenges do you think you might encounter in taking those steps? Do friends or family provide any assistance or motivation for healthy eating? Please say more about your answer.

3. When do you feel yourself most often craving fatty or unhealthy foods? What do you think causes those cravings?
 - o What do you currently do to counter those cravings?

Good mental health is just as important as physical health. Think about the goals you have in your own life and how great it would feel to accomplish them. When you add managing diabetes to your life, achieving those goals, and even everyday tasks, can become increasingly difficult.

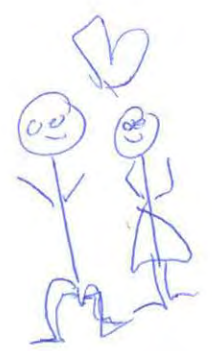
1. What are your long-term life goals?
2. What elements in your life do you find inspirational?
3. How do you cope with difficult situations or other roadblocks? Do friends or family provide any assistance for handling difficult situations? Please say more about your answer.
4. When would you most welcome any assistance/support to keep you on track with your life goals?
 - o What type of assistance would be the most impactful?
 - o How would you like to track your progress?

Wrap up

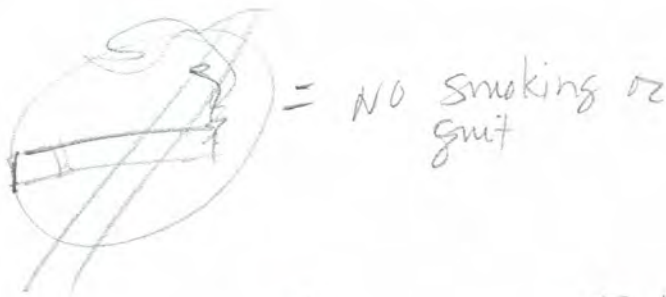
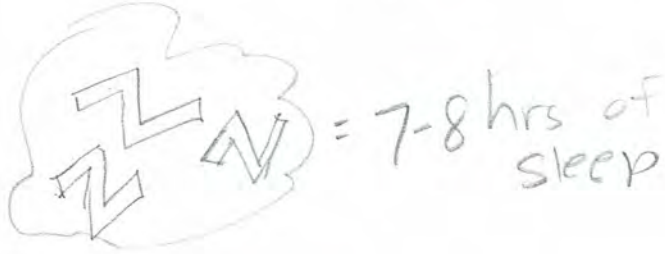
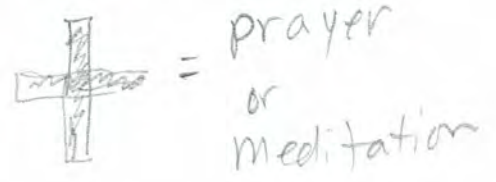
Thank you very much for your time and for sharing your insights!

Are there any last thoughts you would like to share?

Appendix C -- drawing your experience --
Imagine a healthier life



Healthy Life Style



Fruits & Vegetables
= Fresh Foods ^{1st}
then Frozen
then Canned
whole grains



= Lean proteins
= healthy oils



= Exercise

Active

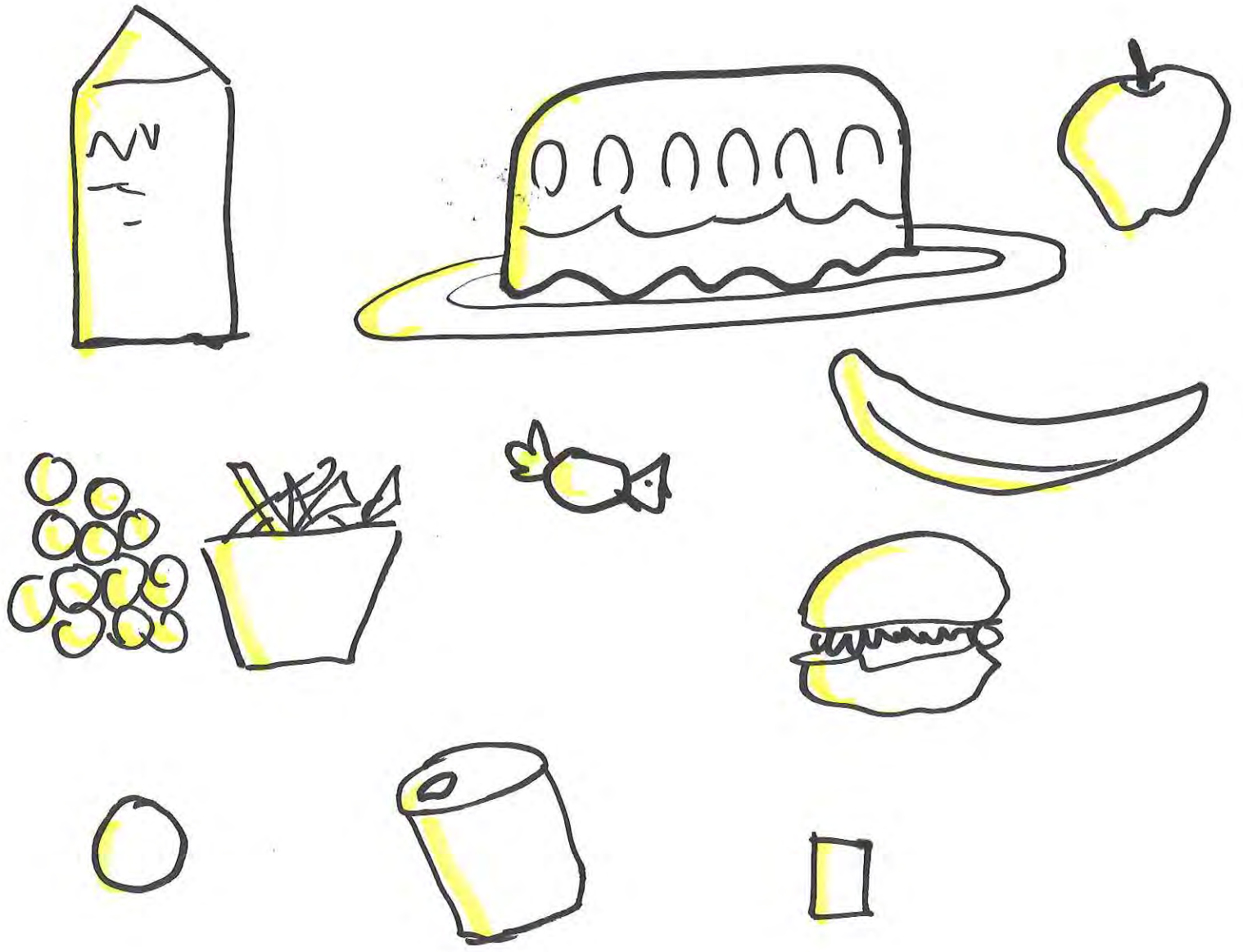


Support of Family / Friends

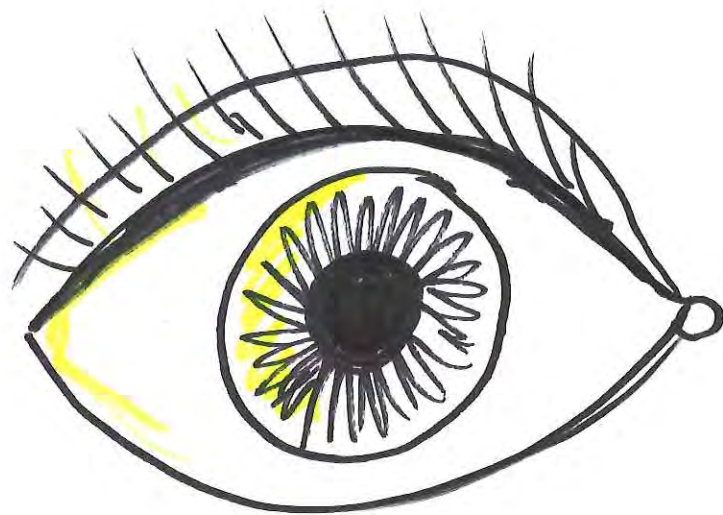


Food Moderation

Limit fats, salt, sugar, preservatives,
Hormones, pesticides. Seek
balance & variety.



Time to focus, have
insight / inspiration



Time/Access to Nature/env



Appendix D -- two interview records (out of ten)

Demographics

[Interviewer: circle yes or no as appropriate]

Participant is:

45-64 years old: **yes** no

Gets little or no exercise: **yes** no

Is in an at-risk weight category: **yes** no

[Interviewer: please indicate gender (or gender identity)] **male** female neither

[Interviewer: circle any information you assumed and did not ask directly (e.g., you may not wish to ask directly about any demographic element that makes the interviewee uncomfortable or self-conscious)]

Demographics information assumed by interviewer: age exercise weight gender

Other info:

Chef at HUB

Questions

One of the easiest ways to lower your risk of developing prediabetes is through increasing your physical activity. You don't have to run a marathon or go on a thirty-mile bike ride, but you should aim for at least 150 minutes of physical activity in a week. Let's begin by having you to describe your current activity levels.

1. In a given week, how much physical activity would you say you engage in? (About how many minutes a week?)

Works 8h/d, might walk or hike after work

2. What types of physical activities do you most often engage in?

Woking (walking, cooking, lifting)

3. When do you find yourself most likely to participate in a physical activity?

Weekends with friends

4. What barriers do you perceive that could cause you to not engage in physical activities?

Being tired after a day's work

5. What type of assistance/motivation would you find helpful in engaging in more physical activities? Do friends or family provide any assistance or motivation? If so, in what ways? If not, please say more about that.

A self-image (might help me when i want to drink beer)
Friends provide free yoga classes

Food plays an important role in our lives.

1. What types of food does your current diet primarily consist of? Which foods do you enjoy most? Why? Which foods do you enjoy the least? Why?

Meat, carbohydrates (rice, pasta)
Not a lot of veggies or fruits

Like mexican foods (taco, carnitas) japanese, italian... -- being a chef, like to eat different dishes and eating outside
Dont like some raw seafoods (like sea urchin) because of the texture

2. What three (3) steps would you like to take to begin eating healthier? What challenges do you think you might encounter in taking those steps? Do friends or family provide any assistance or motivation for healthy eating? Please say more about your answer.

Make more money to buy organic foods, non GMO

If cooked foods made from high quality ingredients (organic...) are easily accessible, that will be great for health (coz I often eat outside)

Grow foods myself (i used to live in an apt so no place to grow)

Sometimes talk with my friends about food issues. We watched a movie "food inc." once. Paying attention to food industry is partially because I am a chef also because I care about global issues (responsibility)

3. When do you feel yourself most often craving fatty or unhealthy foods? What do you think causes those cravings?

Chocolate, ice cream

At night, when being alone watching a movie or something

- o What do you currently do to counter those cravings?

Not much, viewing such foods as a treat because I don't have it very often

Good mental health is just as important as physical health. Think about the goals you have in your own life and how great it would feel to accomplish them. When you add managing diabetes to your life, achieving those goals, and even everyday tasks, can become increasingly difficult.

1. What are your long-term life goals?

Own a restaurant
Getting married

2. What elements in your life do you find inspirational?

Music
Reading
Knowing people

3. How do you cope with difficult situations or other roadblocks? Do friends or family provide any assistance for handling difficult situations? Please say more about your answer.

Deal one thing at a time
Usually work things out by myself
Sometimes talk with friends to express the feelings

4. When would you most welcome any assistance/support to keep you on track with your life goals?

o What type of assistance would be the most impactful?

Maybe make a plan

o How would you like to track your progress?

Don't often make clear plans and track myself because i view having fun as important in my life
:p

Wrap up

Thank you very much for your time and for sharing your insights!

Are there any last thoughts you would like to share?

Participant is: Rosemarie B.

45-64 years old: **yes** no

Gets little or no exercise: yes **no**

Is in an at-risk weight category: **yes** no

[Interviewer: please indicate gender (or gender identity)] male **female** neither

[Interviewer: circle any information you assumed and did not ask directly (e.g., you may not wish to ask directly about any demographic element that makes the interviewee uncomfortable or self-conscious)]

Demographics information assumed by interviewer: **age** **exercise** **weight** gender

Questions

One of the easiest ways to lower your risk of developing prediabetes is through increasing your physical activity. You don't have to run a marathon or go on a thirty-mile bike ride, but you should aim for at least 150 minutes of physical activity in a week. Let's begin by having you to describe your current activity levels.

1. In a given week, how much physical activity would you say you engage in? (About how many minutes a week?)

On feet all day (teacher) - 5x a week 6hrs/day moving around
+1hr other tasks (eg laundry, walking dogs, gardening, cooking)

2. What types of physical activities do you most often engage in?

walking (in class) on feet a lot - laundry, yard/garden work, cooking, cleaning

3. When do you find yourself most likely to participate in a physical activity?

mornings to afternoons (too hot in late afternoon, evening)

4. What barriers do you perceive that could cause you to not engage in physical activities?

Time, too hot/humid outside - sometimes just doesn't want to do anything - husband doesn't want to engage in activity

5. What type of assistance/motivation would you find helpful in engaging in more physical activities? Do friends or family provide any assistance or motivation? If so, in what ways? If not, please say more about that.

Someone to do it with them - friend/family/neighbor - has a treadmill, but solo activity wants a social aspect

Food plays an important role in our lives.

1. What types of food does your current diet primarily consist of? Which foods do you enjoy most? Why? Which foods do you enjoy the least? Why?

doesn't like packaged foods - too much sugar or salt

likes: bread, meats, pasta vegetables (fresh), salads occasionally

Partner buys more of the junk food - cookies, ice cream, cakes/pastries, chips, crackers

eats less steamed rice than used to - no brown rice, eats leaner meats more vegetables

2. What three (3) steps would you like to take to begin eating healthier? What challenges do you think you might encounter in taking those steps? Do friends or family provide any assistance or motivation for healthy eating? Please say more about your answer.

Feels #1 is a matter of rethinking things (eg not feeling need to eat everything on the plate) - better portion control

Challenges: drinking more water, taking leftovers home - partner buys unnecessary/unhealthy foods - doesn't like to say that going on a diet - opens up possibility of failure. Does not normally discuss with friends or family, feels it is a private/personal matter.

3. When do you feel yourself most often craving fatty or unhealthy foods? What do you think causes those cravings?

Very seldom craves unhealthy foods.

Cravings are not emotionally tied (exception: caffeine when tired)

- o What do you currently do to counter those cravings?

Purchases smallest available portions, "just a taste".

Good mental health is just as important as physical health. Think about the goals you have in your own life and how great it would feel to accomplish them. When you add managing diabetes to your life, achieving those goals, and even everyday tasks, can become increasingly difficult.

1. What are your long-term life goals?

Stay alive (& healthy). Worries more often about time after going back to work full-time. Too many things out of control, can't afford to lose time.

2. What elements in your life do you find inspirational?

Nature, Music, Art, God, Family

3. How do you cope with difficult situations or other roadblocks? Do friends or family provide any assistance for handling difficult situations? Please say more about your answer.

Depends on situation, has to prioritize. If doesn't know how to proceed, will procrastinate. Sometimes will talk to husband or family. Sometimes tries to keep it in, but eventually comes out.

4. When would you most welcome any assistance/support to keep you on track with your life goals?

Not sure, probably before mealtime, or first thing in the morning.

- o What type of assistance would be the most impactful?

Having someone to motivate / personal trainer - hold you accountable (not mean)

- o How would you like to track your progress?

Thinking about getting a pedometer - or other fitness tracker

Tried online resources (LiveStrong) too tedious on the computer phone, prefers tracking on paper.

Wrap up