

## B. Healthy Living

**Question 10. Chronic Disease and Injury Prevention:** Indicate which activities and services were provided by checking (√) Yes or No. If an activity you provide could fit under more than one category provided below, choose whichever one is the ‘best fit’, and identify it only once.

<b>Chronic Disease and Injury Prevention Activities</b>	<b>Activity Offered (√)</b>
<b>Physical Activity</b>	<b>Indicate Yes or No (√)</b>
Awareness activities related to physical activity (e.g., Diabetes Walks, Healthy Living Awareness Days, physical activity presentations)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking clubs, running clubs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sport/recreation activities (e.g., soccer, basketball, etc.), open gym nights at school, opened/ran a community gym (weights, fitness classes, personal training, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traditional physical activities (e.g. jigging, dancing, games, snowshoeing, canoeing)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Nutrition</b>	<b>Indicate Yes or No (√)</b>
Cooking sessions or classes (including community kitchens)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traditional harvesting, food preparation, food preservation (e.g., berry picking, cleaning fish, canning, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Healthy eating awareness and education (e.g., health fairs, radio shows, social media nutrition posts); displaying nutrition information (e.g., posters, nutrition displays, etc.); taste tests; cooking demos; nutrition presentations; games/challenges; community feasts; nutrition education in schools, preschools or daycares; etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Grocery tours	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community gardens	Yes <input type="checkbox"/> No <input type="checkbox"/>
Good Food Boxes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Vouchers	Yes <input type="checkbox"/> No <input type="checkbox"/>
School-based feeding programs (includes land-based activities)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Additional</b>	<b>Indicate Yes or No (√)</b>
Diabetes information sessions or workshops	Yes <input type="checkbox"/> No <input type="checkbox"/>
Information sessions or workshops on other chronic diseases (e.g., cancer, heart disease, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Injury prevention training and awareness raising (e.g., safety committees (water safety, properly using helmets), tool kits, “A Journey to the Teachings” training, community data collection etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Question 11. Diabetes Screening:** Indicate which activities and services were provided during the reporting year by checking (√) Yes or No. If an activity could fit under more than one category provided below, choose whichever one is the ‘best fit’ and identify it only once. Where the answer is none, please enter “0”.

Do you conduct diabetes diagnostic screening in your community (e.g., fasting glucose, Oral Glucose Tolerance Test (OGTT). See Guide for definitions.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, how many individuals were screened in the reporting year?		
Do you conduct non-diagnostic diabetes awareness/prevention screening in your community? (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide an estimate of how many non-diagnostic screenings were conducted during the reporting year		

**Question 12. Diabetes Management:** Indicate which activities and services were provided by checking (√) Yes or No. If an activity could fit under more than one category provided below, choose whichever one is the ‘best fit’ and identify it only once.

Diabetes Management Activities	Activity Offered Indicate Yes or No (√)
Diabetes support or healthy living groups	Yes <input type="checkbox"/> No <input type="checkbox"/>
Screening for complications, i.e., eye ( <u>retinal</u> ) screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
Screening for complications, i.e., kidney ( <u>renal</u> ) screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
Screening for complications, i.e., cardiovascular disease screening	Yes <input type="checkbox"/> No <input type="checkbox"/>
Referrals to health professionals or services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes self-management sessions	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Question 13. Diabetes Clinics and Training:** Indicate which activities and services were provided by checking (√) Yes or No. Where the answer is none, please enter “0”.

Do you provide or support diabetes education clinics and training for clients to support their self-management (e.g., blood sugar testing, foot care, diet and exercise advice, traditional activities, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , how many individuals were served in the reporting year?		
Do you provide foot care clinics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , how many individuals were served in the reporting year?		