

SPOTLIGHT FORM
DIABETES EDUCATION



TEXAS A&M UNIVERSITY
Healthy South Texas

Each month on our website we will feature one person who has gone through our program who has excelled at controlling their diabetes. If you would like to be that person, please **share your story!**

Here a few questions to get you started, but feel free to use the attached sheet if you have more to tell us. And keep an eye

1. When did you start our Diabetes Education program?
2. How did you find out you have diabetes?
3. What was your initial reaction when you were told that you have diabetes?
4. If you don't mind sharing, what was the worst point your health reached?
5. What made you decide to come through this Diabetes Education program?

6. In what ways has your health improved since going through our program?

7. What is your favorite aspect of our program?

8. What would you like to say to others who have just been diagnosed with diabetes?

9. What is your age? _____

10. What is your Male Female

11. Any other comments?

Please indicate that you agree with the following statement by signing below:

"I irrevocably authorize Texas A&M Health Science Center Coastal Bend Health Education Center and its agents to use, publish, and distribute the information provided on this form for any purpose on websites, publications, broadcasts, displays, and any other medium."

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Please return this form to the front desk, **email** to jbgarcia@tamu.edu or **mail** to P.O. Box 2565, Corpus Christi, TX 78403

