



## DiaBuddies Mentor Request Form

Participant Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: h \_\_\_\_\_ w \_\_\_\_\_ c \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender: Male  Female  Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Type of diabetes: I  II  Date of diabetes diagnosis: \_\_\_\_\_  
Do you use an insulin pump? Yes  No  Continuous Glucose Monitor? Yes  No

How did you hear about the JDRF-DiaBuddies Mentor Program?

\_\_\_\_\_

What is your **main** reason for requesting a DiaBuddy?

- I'm new to diabetes and want to talk with someone who has experience living well with it.
- I would like support from someone who understands what I am going through.
- I would like encouragement for my efforts to improve my diabetes management.
- Other reason: \_\_\_\_\_

Are there any specific issues, feelings, or questions you would like to address with your DiaBuddy?

- Improved control with multiple daily injections
  - Improved control with an insulin pump
  - Using a continuous glucose meter
  - Exercise with diabetes (sports, working out, dance)
  - Travel with diabetes
  - Diet & nutrition
  - Handling social issues with diabetes
  - Having a healthy attitude about life with diabetes
  - Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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