

Draft Patient Data Survey

PID #: _____

Phone Number (if interview appointment scheduled) _____

Survey Introduction:

Hello (patient name), my name is _____ from (your institution).

Your doctor referred you to (me/us) for diabetes education within the past 12 (or _____) months. Would you be willing to answer a few questions that would help us with designing diabetes education services to meet the needs of people with diabetes? The survey will take approximately 10 minutes. It is part of project that is focused on diabetes care improvement. We appreciate your time and will mail you a check for \$10.00 for your help with this survey.

If no, respond, "Thank you and have a nice day."

If bad time, ask if you can call at another time and set up scheduled interview appointment).

If yes, begin survey with:

Section 1:

The first survey questions deal with diabetes self-management. Diabetes self-management is the set of skills a person with diabetes uses to keep blood sugar levels normal and avoid diabetes complications. Skills such as home blood testing, carbohydrate counting, taking medications and daily exercise are examples of self-management skills.

1. When you were told you had diabetes, how did you get the education and training you needed so you had the diabetes self-management skills you need?

- Your doctor talked to you
- The nurse in your doctor's office talked to you
- You went to see a dietitian about your diet
- You talked to a diabetes educator
- You read pamphlets and books about diabetes
- You used the internet
- You went to diabetes classes
- You talked to your pharmacist
- You learned from a family member or friend that has diabetes
- Other: _____

2. On a scale of 1 – 10, how confident are you that you can manage your diabetes on a regular basis?

- 10 Completely confident
- 5 Moderately confident
- 1 Not at all confident
- Explain _____

3. Our records show that your doctor or nurse recommended that you:

- register for a diabetes self-management education program (skip to question 4)
- see a diabetes educator or dietitian (skip to question 10)

4. Did you attend a diabetes self-management program?

- Yes (skip to question 7) No (if no, go to number 5)

5. If you did not attend a program, please explain the reasons why.

6. If you wanted to learn about diabetes self-management, what would be the best way for you to learn these skills? (Skip to 15)

7. If you did attend a diabetes education program, please tell me about what you learned.

8. Did you complete all the classes in the program or just some of the classes? If some but not all, please explain the reasons why.

9. If you wanted to learn more about diabetes self-management, what would be the best way for you to learn these skills? (Skip to 15)

10. Did you see a diabetes educator or dietitian?

- Yes (skip to question 13) No (if no, go to number 11)

11. If you did not see a diabetes educator or dietitian, please explain the reasons why.

12. If you wanted to learn about diabetes self-management, what would be the best way for you to learn these skills? (Skip to 15)

13. If you did see a diabetes educator or dietitian, please tell me what you learned.

14. If you wanted to learn more about diabetes self-management, what would be the best way for you to learn these skills? **(Continue to Section 2)**

Section 2: Self-Management Diet and Exercise

15. Thinking about your meal plan to manage your diabetes, how well did you follow the plan during the past month?

16. Thinking about your activity or exercise plan to manage your diabetes, how well did you follow the plan during the past month?

Section 3: Self-Management Tests and Vaccinations

When diabetes is well controlled, patients have a hemoglobin A1 C test result of 7 or less. The blood test is usually done several times per year.

17. Have you had this test within the past 6 months? Yes No Don't Know

18. What is your most recent hemoglobin A1 C level? _____ Don't Know

Other tests and vaccinations plays a role in good diabetes management:

*Have you had a foot examination within the past year?	Y	N
*Have you had your eyes dilated and examined within the past year?	Y	N
*Have you had a urine test for protein within the past year?	Y	N
*Have you had a dental exam in the past year?	Y	N
*Did you receive a flu shot in the past year?	Y	N
* Have you received a pneumonia shot?	Y	N

If answer is no for any tests marked with an *, why were they not completed? (check all that apply)

- No insurance coverage
- No money to cover cost of test or vaccination
- No doctor
- Doctor did not order tests
- Have not been to a doctor in the past year
- Was not aware that the test and/or vaccination was needed
- Other

End Survey:

Thank you for participating in our survey. This information will help us make improvements in our diabetes education services.

Please provide me with your mailing address if you would to receive a \$10.00 check for completing the survey.

Demographic Data: (only ask what is not accessible to the surveyor):

City:

Birth Year:

Year Diagnosed:

Diagnosis: Type 1 or Type 2

Sex: M F

Education Completed:

None Elem Middle School High School Associate Bachelors
Masters or Higher

Race/Ethnicity: White or Caucasian Native American or Alaska Native Hispanic Asian Black or
African-American Other:

Employment Status: employed not employed retired

Insurance provider name: _____

Currently receiving regular medical care for diabetes? Y N

If yes, doctor's name: _____