

Care Transformation Survey: Diabetes Self-Management Education

Phone Script

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

I am contacting you because you participated or were referred to (me/us/our agency) for diabetes education within the past 12 months. I am interested in your opinions about how diabetes education services could be improved in our region. Are you interested in answering a few questions about your diabetes management? All of the information you provide will be strictly confidential. This phone survey will take approximately 10 - 15 minutes. I appreciate your time and will mail you a check for \$15.00 for your help.

If the answer is "no", say "Thank you and have a nice day."

If the answer is "not a good time", ask to schedule a phone interview appointment on a preferred date and time.

If answer is "yes", say: "Thank you for your help. I appreciate your honest responses to the survey questions. If any question is not clear to you, please let me know and I will restate the question."

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Section 1: Diabetes Self-Management

The first questions are about "diabetes self-management". Diabetes self-management is the set of skills that you use to keep your blood sugar levels normal and to help you avoid diabetes complications. Examples of diabetes self-management skills are testing your blood sugar, following your food guidelines, taking your medication, and following an exercise program.

1. Approximately how long have you had diabetes?

- Less than 1 year.
- 1 - 2 years
- 2 - 5 years
- More than 5 years

2. On a scale of 1 - 10, how confident are you that you are managing your diabetes most of the time?

Not At All
Confident

Moderately
Confident

Completely
Confident

A horizontal scale of 10 radio buttons, evenly spaced, used for selecting a confidence level from 1 to 10. The buttons are currently unselected.

3. Over the past 12 months, how have you learned about diabetes and the self-management skills you need? (check all participant responses)

- A medical provider talked to me.
- A nurse in my providers office talked to me.
- A diabetes educator talked to me.
- A dietitian talked to me.
- A pharmacist talked to me.
- A care management nurse from my insurance company talked to me.
- I went to a diabetes class or classes.
- I went to a diabetes support group.
- I learned from a family member or friend that has diabetes.
- I got information about diabetes from my insurance company.
- I read pamphlets or books about diabetes.
- I looked for information about diabetes on the internet.
- I took classes about diabetes on the internet.
- Other methods described:

4. Which statement(s) about diabetes education participation best describes your situation:

- Your medical provider recommended that you attend diabetes classes. **(Move to #5.)**
- Your insurance company recommended that you attend a diabetes class. **(Move to #5.)**
- You registered for a diabetes class without any recommendation. **(Move to #5.)**
- Your medical provider recommended that you meet with a diabetes educator or dietitian. **(Move to #10)**
- Your insurance company recommended that you meet with a diabetes educator or dietitian. **(Move to #10)**
- You made an appointment to see a diabetes educator or dietitian without any recommendation. **(Move to #10)**

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Diabetes Class Attendance

5. Did you attend diabetes self-management classes as recommended?

- Yes
- No

6. If Question 5 is No: Why didn't you attend the classes?

- I could not find classes in my language.
- I could not find classes that supported my cultural beliefs.
- Classes were not close to where I live.
- Class times conflicted with my schedule (work/childcare/school schedule).
- I was afraid to go to the classes.
- I didn't feel ready to learn about diabetes in a class.
- I couldn't afford the class fee.
- My insurance didn't cover the class fee.
- I didn't think it was necessary for me to go.
- Other (please specify)

7. If Question 5 is Yes: Tell me what you learned at your classes.

8. If Question 5 is Yes: If the program attended included more than one class session, did you go to all of the classes?

- Yes, attended all classes
- No, did not attend all classes

9. If Question 8 is No: Why didn't you attend all of the diabetes classes?'

- I could not find classes in my language.
- I could not find classes that supported my cultural beliefs.
- I could not find classes close to where I live.
- I didn't have transportation to get to the class.
- Class times conflicted with my schedule (work/childcare/school schedule)
- I was afraid to go to the class.
- I didn't feel ready to learn about diabetes in a class.
- I couldn't afford to pay to go to a class.
- My insurance doesn't cover the class fee.
- I didn't think it was necessary for me.
- Other (please specify)

Move to Question #13.

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Diabetes Educator or Dietitian Instruction

10. Did you receive counselling from a diabetes educator or a dietitian as recommended?

Yes

No

11. If Question 10 is No: Why did you decide not to talk to a diabetes educator or dietitian?

Resource not available in my language.

Resource did not support my cultural beliefs.

I had no transportation to access resource.

Available times conflicted with my schedule (work/childcare/school schedule)

I was afraid to go to meet with this resource.

I didn't feel ready to learn about diabetes.

I couldn't afford to pay a fee.

My insurance wouldn't cover this fee.

I didn't think it was necessary for me.

Other (please specify)

12. If Question 9 Yes: Tell me what you learned when you met with a diabetes educator or dietitian.

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Continued Learning

13. If you wanted to learn more about diabetes self-management now, what would be the best way for you to learn the skills you need?

14. What are your most important learning needs about diabetes or diabetes self-management at this time?

Move to Question #15 and complete survey.

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Section 2: Your Diabetes Self-Management Plan

The next set of questions are about your diabetes self-management plan.

15. Thinking about your meal plan to manage your diabetes, how well did you follow the plan during the past week? 1 - 10 scale

| | | | | | | | | | |
|-----------------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| 1 Didn't Follow Plan At All | 2 | 3 | 4 | 5 Moderately Compliant | 6 | 7 | 8 | 9 | 10 Completely Followed Plan |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Thinking about your exercise plan to manage your diabetes, how well did you follow the plan during the past week? 1 - 10 scale

| | | | | | | | | | |
|-----------------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| 1 Didn't Follow Plan At All | 2 | 3 | 4 | 5 Moderately Compliant | 6 | 7 | 8 | 9 | 10 Completely Followed Plan |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

17. Thinking about your medication plan to manage your diabetes (taking medications on time, taking as prescribed), how well did you follow the plan during the past week? 1 - 10 scale

| | | | | | | | | | | |
|-----------------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|--|
| 1 Didn't Follow Plan At All | 2 | 3 | 4 | 5 Moderately Compliant | 6 | 7 | 8 | 9 | 10 Completely Followed Plan | N/A - I don't take any medications for diabetes. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

18. Thinking about your glucose monitoring plan (blood glucose monitoring skill, frequency of glucose monitoring, maintaining a record of your glucose levels), how well did you follow the plan during the past week? 1 - 10 scale

| | | | | | | | | | | |
|-----------------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|---|
| 1 Didn't Follow Plan At All | 2 | 3 | 4 | 5 Moderately Compliant | 6 | 7 | 8 | 9 | 10 Completely Followed Plan | N/A - I don't monitor my own blood glucose. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. How often do you usually monitor your blood glucose levels at home?

- 3x day
- 2x day
- 1x day
- Only when I don't feel well.
- Only when I remember.
- NA - I don't check my blood glucose level.
- Other (please specify)

20. If anything about your diabetes care changed over the past 12 months, like a change in your equipment or your medication, who instructed you about the change?

- NA - Nothing in my diabetes care plan has changed
- Your doctor or medical provider
- A nurse in the providers office
- An employee in the providers office (other than a nurse)
- A dietitian
- A diabetic educator
- A care management nurse
- A pharmacist
- A family member or friend
- No one
- Other (please specify)

21. What problems or concerns do you have, if any, about following your diabetes plan of care (meals, exercise, medications, glucose monitoring)?

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Section 3: Screenings and Examinations

The next set of questions are about recommended screenings tests, examinations, and vaccinations and insurance coverage.

22. Have you had:

| | Yes | No | Don't Know | Don't Require |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| A1 C blood test w/in the past 6 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Foot examination w/in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eye dilation and examination w/in past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Urine test for protein w/in past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cholesterol test w/in past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dental examination w/in past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| BP check w/in past 6 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Flu shot w/in the past 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. If any tests or examinations were not completed, why?

- No insurance coverage
- No money to cover costs
- Has no medical provider
- Has not been to a medical provider in the past 12 months
- Didn't have time
- Didn't think it was really necessary
- Couldn't fit it into schedule
- Other (please specify)

24. Are you currently receiving regular medical care for your diabetes?

Yes

No

25. If yes, what is the name of your medical provider?

26. Are you currently employed?

Yes

No

Retired

Comments:

27. Which health insurance do you currently have?

Medicare

Medicaid (Washington Apple Health)

Employer-Sponsored Health Insurance

Individual Private Health Insurance

No Health Insurance

Other:

28. What is the highest level of school you have completed or the highest degree you have received?

Less than high school degree

High school degree or equivalent (e.g., GED)

Some college but no degree

Associate degree

Bachelor degree

Graduate degree

End of Survey:

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

Please provide your mailing address if you would like to receive a \$15.00 check for completing the survey.

29. Contact Information for Check Distribution

| | |
|----------------|----------------------|
| Name | <input type="text"/> |
| Address | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| ZIP | <input type="text"/> |

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Section 4: Patient Demographics

Surveyor to obtain the following information from the patient record.

30. Patient is:

- Male
- Female

31. Patient is:

- Type 1 Diabetic
- Type 2 Diabetic
- Other (please specify)

32. Patient year of birth: (enter a 4-digit birth year e.g., 1976)

33. Patient Race / Ethnicity:

- White
- Hispanic or Latino
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From Multiple Races

Some other race (please specify)