

Care Transformation Survey: Diabetes Self-Management Education

Phone Script

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

I am contacting you because you attended diabetes education through our agency within the past 2 months and I would like your help evaluating our program. I have some questions I would like to ask which should take approximately 10 - 15 minutes. For your participation I will mail you a check for \$15.00. All of the information you provide will be strictly confidential. Would you be willing to answer questions and is now a good time?

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: Participant Demographics

Complete Section 1 with all survey participants.

1. About how long have you had diabetes?

- < 1 year
- 1 - 2 years
- 2 - 5 years
- > 5 years

2. How did you find out about the diabetes education you attended? (see potential participant responses - check any stated and add comments when applicable)

- My medical provider told me to attend diabetes classes.
- My insurance company told me to attend a diabetes class.
- I read about / heard about diabetes classes and went on my own.
- My medical provider told me to meet with a Diabetes Educator or Dietitian.
- My insurance company told me to meet with a Diabetes Educator or Dietitian.
- I made an appointment to see a Diabetes Educator or Dietitian on my own.

Other Participant Responses:

Section 2: Diabetes Class Attendance

Complete Section 2 if participant attended one or more diabetes education classes.

3. If the diabetes classes you attended had more than one class session, how many did you go to?

- All of the classes
- Some of the classes
- Only 1 of the classes

Number of classes attended:

4. Why didn't you attend all of the classes? (see potential participant responses - check any stated and add comments when applicable)

- Classes were not presented in my language.
- I could not find classes that supported my cultural beliefs.
- I could not find classes close to where I live.
- I did not have transportation to get to the class location.
- Dates and times were not convenient.
- Dates and times conflicted with my schedule (work/childcare/school schedule).
- The information presented was too hard for me to understand.
- Too much information was presented.
- I was afraid.
- I don't like group classes.
- I couldn't afford it (e.g., co-pay too high).
- I had no health insurance.
- My health insurance would not cover the costs.
- I didn't think it was necessary for me.
- I can manage on my own.

Other Participant Responses:

5. How helpful was the class(es) you attended?

Definitely Very Helpful

Somewhat Helpful

Not Very Helpful

Definitely Not Helpful

Not Sure / No Opinion

If "not helpful" or "definitely not helpful", any suggestions for improvement?

Section 3: Diabetes Educator or Dietitian Individual Meetings/Visits

Complete Section 3 if participant met with Diabetes Educator or Dietitian for individual diabetes counselling.

6. If you had more than one individual meeting scheduled with a Diabetes Educator or Dietitian, how many did you go to?

- Only had 1 meeting scheduled
- > 1 meeting scheduled and went to all meetings
- > 1 meeting scheduled but did not go to all meetings (estimate of number attended below)

Number of meetings attended (if known):

7. If you did not attend all scheduled meetings with a diabetes educator or dietitian, why not? (see potential participant responses - check any stated and add comments when applicable)

- Resource not available in my language.
- Resource did not support my cultural beliefs.
- I had no transportation.
- Dates and times were not convenient.
- Available times conflicted with my schedule (work/childcare/school schedule)
- Too much information was presented.
- The information was too hard to understand.
- I was afraid.
- I didn't feel ready to learn about diabetes.
- I couldn't afford it (e.g., co-pay too high).
- I had no health insurance.
- My health insurance wouldn't cover the costs.
- I didn't think it was necessary for me.
- I can manage on my own.

Other Participant Responses:

8. How helpful was the meeting(s) you attended?

Definitely Very Helpful

Somewhat Helpful

Not Very Helpful

Definitely Not Helpful

Not Sure / No Opinion

If "not helpful" or "definitely not helpful", any suggestions for improvement?

Section 4: Learning Readiness

Complete Section 4 with all participants.

9. How important is it to you to manage your diabetes?

Extremely important

Somewhat important

Somewhat unimportant

Not important at all

Other Participant Responses:

10. How well do you think you are managing your diabetes?

Very well

Fairly well

Not very well

Poorly

Other Participant Responses:

11. What is the best way for you to get the information you want?

- Get information from my doctor or primary care provider.
- Get information from a nurse in my providers office.
- Get information from a pharmacist.
- Get information from computer websites and the Internet.
- Attend a diabetes program with group classes.
- Attend individual meetings with a diabetes educator or dietitian.
- Attend diabetes support group meetings.
- Attend community programs about healthy eating and increasing physical activity.
- Attend cooking classes.
- Get information from a healthcare provider by telephone.
- Get information from a member of my community who has diabetes.
- Participate in supermarket tours.
- I don't want any information.

Other Participant Responses:

12. What type of information do you want about diabetes management?

- Diet/Food planning
- Reducing stress
- Weight loss
- General information
- Eye problems
- Understanding blood sugar
- Medications
- Understanding cholesterol
- Mental health information
- Quitting smoking
- No information needed.

Other Participant Responses:

13. What is the highest level education you have completed?

- No school education
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade
- Some college
- College degree
- Doctorate degree

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Section 5: Diabetes Self-Management

Complete Section 5 with all participants. Questions are about diabetes management, including blood sugar testing, following meal and exercise guidelines, and taking medications.

14. During the past week, how well did you follow your meal guidelines?

Very well	Fairly well	Not very well	Poorly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. During the past week, how well did you follow your exercise guidelines?

Very well	Fairly well	Not very well	Poorly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. During the past week, how well did you follow your diabetes medication instructions?

Very well	Fairly well	Not very well	Poorly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How often has your medical provider instructed you to test your blood sugar level?

- 4x day
- 3x day
- 2x day
- 1x day
- NA - Has not been asked to test blood sugar levels.

Other Participant Responses:

18. How often do you test your blood sugar levels?

- 4x day
- 3x day
- 2x day
- 1x day
- NA - Does not test blood sugar levels.

Other Participant Responses:

19. What problems do you have, if any, about managing your diabetes? (see potential participant responses - check any stated and add comments when applicable)

- Problem getting medicine.
- Problem getting blood sugar testing supplies.
- Problem getting blood sugar testing equipment.
- Problem getting exercise.
- Problem making a doctor's appointment.
- Problem locating healthy foods.
- Problem with transportation.
- Problem with health (diabetes or other) interferes with diabetes management.

Other Participant Responses:

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Section 6: Screenings and Examinations

Complete Section 6 with all participants. Questions are about completion of recommended screenings tests, exams, and vaccinations.

20. Have you had:

	Yes	No	Don't Know	Don't Require
A1 C blood test w/in past 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foot examination w/in 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 past 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. If one or more were not completed, ask: "Why weren't you able to have it done?" (see potential participant responses - check any stated and add comments when applicable)

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

Other Participant Responses:

22. How many times a year do you see your medical provider about your diabetes? (see potential participant responses - check any stated and add comments when applicable)

< 1x year

1x year

2x year

3x year

4x year

> 4x year

Other Participant Responses:

Section 7: End of Patient Survey and Contact Information

End of Survey Statement:

Thank you for your help today. This information will help us make improvements to diabetes education.

Please confirm your mailing address if you would like to receive a check for participating in this survey.

23. Contact Information for Check Distribution

Name

Address

City

State

ZIP

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Section 8: Surveyor-Entered Demographics

Surveyor: Please complete patient demographics by reviewing available tracking records as accessible (e.g., patient medical record, class registrations, class rosters).

24. Surveyor Name:

25. Agency Providing Diabetes Education:

- Columbia Valley Community Health
- Community Choice
- Confluence Health
- Samaritan Healthcare
- Tribal Health Program

Other:

26. Patient Referral to DSME:

- Referred by provider to see Diabetes Educator or Dietitian.
- Referred by provider to attend diabetes classes.
- Referred by insurance company to see Diabetes Educator or Dietitian.
- Referred by insurance company to attend diabetes classes.
- Self-referred or self-enrolled.

Surveyor Notes:

27. Type of Education Patient Attended:

- Group Class - English
- Group Class - Spanish
- Individual Session with Diabetes Educator or Dietitian

Surveyor Notes:

28. Location of Education:

- Chelan County
- Douglas County
- Grant County
- Okanogan County

Surveyor Notes:

29. Number of months since patient completed diabetes education program:

- <1
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Other (please specify)

30. Patient Diagnosis:

- Type 1 Diabetic
- Type 2 Diabetic
- Gestational Diabetes

Surveyor Notes:

31. Patient Gender:

- Male
- Female

32. Patient Race / Ethnicity:

- White
- Hispanic or Latino
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Multi-Racial

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

34. Preferred spoken language:

- Colville-Okanogan
- English
- Spanish
- Other (please specify)

Section 9: Submitting Surveys

Thank you for your help collecting this information.

Please submit completed surveys by one of these routes:

- 1. Mail to Cathy Meuret at the Chelan-Douglas Health District, 200 Valley Mall Parkway, East Wenatchee, WA 98801.**
- 2. Fax to Cathy at 509-886-6478.**
- 3. Scan and email to cathy.meuret@cdhd.wa.gov.**