

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID			



SEARCH STUDY

QUALITY OF CARE SURVEY

Young Adult Version

This survey is to be filled out by the person (18 years of age and older) who has diabetes.

This survey asks questions about your experiences with health care and how you take care of diabetes on your own. There are no right or wrong answers and all of the information you provide will be kept confidential. Your answers will help us learn more about the quality of health care patients and their families receive for diabetes.

HEALTH INSURANCE

1. Have you had health insurance continuously during the past 12 months?

1 Yes 2 No ↓

**If no, for how many months were you not covered by health insurance?
_____ months.**

YOUR HEALTH CARE IN THE LAST 12 MONTHS

The next questions ask about your health care in general. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

2. In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

- 1 A big problem**
- 2 A small problem**
- 3 Not a problem**

3. In the last 12 months, has there been a time when you thought you should get care but did not receive it?

- 1 Yes**
- 2 No**

4. How much of a problem is the cost of health care for you (including paying for health insurance premiums and co-payments for doctor's office visits, medications, and medical supplies)?

- 1 A big problem**
- 2 A small problem**
- 3 Not a problem**

PRESCRIPTION MEDICATIONS

5. In the last 12 months, how much of a problem, if any, was it to get your prescription medicine and medical supplies?
- A big problem
 - A small problem
 - Not a problem

EXPERIENCES WITH CARE

6. In the last 12 months, how often did you have a hard time speaking with or understanding your doctors or other health providers because they spoke different languages?
- Never
 - Sometimes
 - Usually
 - Always
7. An interpreter is someone who repeats or signs what one person says in a language used by another person.
- In the last 12 months, did you need an interpreter to help you speak with your doctors or other health providers?
- Yes
 - No → *(If No, go to Question 9)*
8. In the last 12 months, when you needed an interpreter to help you speak with your doctors or other health providers, how often did you get one?
- Never
 - Sometimes
 - Usually
 - Always

HEALTH CARE DECISIONS

We want to know how you, your doctors and other health providers make decisions about your health care.

9. In the last 12 months, were any decisions made about your health care?

- ¹ Yes
² No → (If No, go to Question 11)

10. When decisions were made in the last 12 months, how often did your doctors or other health providers:

	Never	Sometimes	Usually	Always
10a. <u>Offer you choices</u> about your health care?	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
10b. <u>Discuss</u> with you the good and bad things about each of the different choices for your health care?	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
10c. <u>Ask you</u> to tell them what choices <u>you prefer</u> ?	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>
10d. <u>Involve you</u> as much as you wanted?	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁴ <input type="checkbox"/>

YOUR PERSONAL DOCTOR OR NURSE

11. A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your personal doctor or nurse? If you have more than one personal doctor or nurse, choose the person you see most often.

- ¹ Yes
² No → (If No, go to Question 13)

12. Using any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?

0 1 2 3 4 5 6 7 8 9 10

Worst
personal
doctor or
nurse
possible

Best
personal
doctor or
nurse
possible

13. Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

0 1 2 3 4 5 6 7 8 9 10

Worst
health
care
possible

Best
health
care
possible

14. In general, how would you rate your overall health now?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

HEALTH CARE FOR DIABETES

15. For the next set of items, please indicate if your doctor or other health provider has talked to you, about the following:

a. What to do for low blood sugar?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure
b. What to do for high blood sugar?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure
c. Appropriate physical activity for you?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure
d. Dietary guidelines for diabetes?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure
e. What a target blood sugar is for you?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure
f. How to adjust your insulin or diabetes medication when you are sick?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure / no diabetes medications prescribed
g. Psychological issues you and your family may face with regard to having diabetes?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure
h. Who you can go to for general information about diabetes?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	3 <input type="checkbox"/> Unsure

16. A test for hemoglobin A1C ("A one C") measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor or other health provider checked your hemoglobin A1C?

- 1 None
- 2 Once
- 3 Twice
- 4 Three or more times
- 5 Don't know/ Not sure

17. What A1C do you want to have?

____.____ (write in number)

- Don't know/ Not sure

18. During the past 12 months, how often has your blood pressure been checked during visits to your doctor's office?

- 1 Every visit
- 2 Most visits
- 3 At least once
- 4 Never
- 5 Don't know/ Not sure

19. When was the last time you had an eye exam by an eye specialist in which your pupils were dilated (drops in your eyes that make eyes temporarily sensitive to bright light) or a diabetes eye exam?

- 1 In the past year
- 2 More than a year but less than 2 years
- 3 2 – 5 years
- 4 More than 5 years
- 5 Never
- 6 Don't know/Not sure

20. When was the last time you had a urine test at the doctor's office to check on your kidney functioning?

- 1 In the past year
- 2 More than a year but less than 2 years
- 3 2 – 5 years
- 4 More than 5 years
- 5 Never
- 6 Don't know/Not sure

21. When was the last time your doctor took a sample of your blood to test for cholesterol or the amount of fat in your blood?

- 1 In the past year
- 2 More than a year but less than 2 years
- 3 2 – 5 years
- 4 More than 5 years
- 5 Never
- 6 Don't know/Not sure

Thank you for completing this survey. We appreciate your participation in this important study!

FOR STUDY USE ONLY

Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completer Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year					
Date Reviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year					
Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year					