



Draft

Form Approved
OMB #0935-0118
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Proxy 2013



A Survey About Diabetes Care

The care of people with diabetes is an important concern of the U.S. Department of Health and Human Services. We would appreciate it if you would take a few minutes to answer the following questions on the care your family member received for his or her diabetes. Your participation is voluntary and all of the answers will be kept confidential to the extent permitted by law. If you have any questions about this survey, please call Alex Scott at 1-800-945-MEPS (6377).


This survey should be completed by

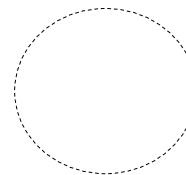
NAME: _____

DOB: / / **PID:**

MONTH DAY YEAR

RUID:

When you have completed the survey, please fold it, seal it with this label,  and place it in the envelope provided.



This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.



The Agency for Healthcare Research and Quality and
The Centers for Disease Control and Prevention of the
U.S. Department of Health and Human Services



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A Survey About Diabetes Care

Instructions: Answer each question by marking one box or filling in a number when necessary. If you are unsure about how to answer a question, please give the best answer you can. **In the questions below, "(NAME)" refers to the person listed in the box on the front page.**

A **health professional** could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

1. Has (NAME) **ever** been told by a doctor or other health professional that he/she has diabetes or sugar diabetes?

MARK ONE.

Yes

Please continue.

No

Thank you for your time.
This survey is complete.

2. During 2011, how many times did a doctor, nurse, or other health professional check (NAME)'s **blood** for glycosylated hemoglobin or "hemoglobin A-one-C"?

(A1C is a blood test to monitor the glucose level of diabetes over a period of several months. The A1C test is usually done in a lab, hospital, or doctor's office although a home kit containing materials for one or two tests is now available. The A1C test is not the same as a Home Glucose Monitoring test which is used at home to monitor glucose levels on a daily or weekly basis, and needs supplies of disposable test strips.)

If (NAME) had this blood test, fill in NUMBER OF TIMES

- Did not have A1C blood test
Don't know
Never

3. Which of the following year(s) did a doctor or other health professional check (NAME)'s feet for any sores or irritations?

MARK ALL THAT APPLY.

- During 2013
During 2012
During 2011
Before 2011
Never

4. Which of the following year(s) did (NAME) have an eye exam in which his/her pupils were dilated? This would have made (NAME) temporarily sensitive to bright

light. MARK ALL THAT APPLY.

- During 2013
During 2012
During 2011
Before 2011
Never

5. Which of the following year(s) did (NAME) have his/her blood cholesterol checked?

MARK ALL THAT APPLY.

- During 2013
During 2012
During 2011
Before 2011
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Never



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6. Which of the following year(s) did (NAME) get a flu vaccination (shot or nasal spray)?
 MARK ALL THAT APPLY.
- During 2013
 During 2012
 During 2011
 Before 2011
 Never
7. Has (NAME)'s diabetes caused problems with his/her kidneys?
 Yes
 No
8. Has (NAME)'s diabetes caused problems with his/her eyes that needed to be treated by an ophthalmologist?
 Yes
 No
9. Is (NAME)'s diabetes being treated by modifying his/her diet?
 Yes
 No
10. Is (NAME)'s diabetes being treated by medications taken by mouth?
 Yes
 No
11. Is (NAME)'s diabetes being treated with insulin injections?
 Yes
 No
12. During the last 12 months, has (NAME) learned how to take care of his/her diabetes?
 Yes
 No (Skip to Q 14).....
13. Which of the following methods has (NAME) used to learn to take care of his/her diabetes?
 MARK ALL THAT APPLY.
- Talking to a doctor/health professional within his/her primary care practice
 Talking to a doctor/health professional not in his/her primary care practice
 Telephone call with a health professional
 Reading about it on the Internet
 Taking a group class
 Other (specify) _____
14. How confident is (NAME) in taking care of his/her diabetes?
 Not confident at all
 Somewhat confident
 Confident
 Very confident
 Refused
 Don't know

Thank you for taking the time to complete this important survey.
Please remember to fold it, seal it, and place it in the envelope provided.

Date completed: MONTH DAY YEAR

Who completed the survey for the person named on the front page?

What is this person's relationship to the person named on the front page?

What is the reason the person named on the front page did not complete the survey himself/herself?
