

## **Attachment H: Summary of Diabetes Self-Care Activities (SDSCA) Survey**

*Using Health Information Technology in Practice Redesign: Impact of Health Information  
Technology on Workflow*

Summary of Diabetes Self-Care Activities Survey

Public reporting burden for this collection of information is estimated to average 18 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-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Thank you for your cooperation in completing this survey. This questionnaire has been designed to gather information about your diabetes self-care over the past 7 days. When completing it, you should think about how you feel and what you think, based on your experiences. Some questions may sound similar to others, but please still try to answer all of the questions. You can leave blank any questions that you do not want to answer. Your responses will be kept confidential under Section 944(c) of the Public Health Service Act. 42 U.S.C. 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied.

Your care team will never see your individual responses.

The questions below ask you about your diabetes self-care activities during the past 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick. If you are unable to complete the questions on your own, please ask for assistance. Please check only one box for each question.





**F. Medications****Number of Days**

1. On how many of the last seven days, did you take your recommended diabetes medication?	0	1	2	3	4	5	6	7
2. Do you take Insulin? If Yes, On how many of the last seven days did you take your recommended insulin injections?	0	1	2	3	4	5	6	7
3. Do you take pills to lower your blood sugar? If Yes, On how many of the last seven days did you take your recommended number of diabetes pills?	0	1	2	3	4	5	6	7