VA_BW_SEAL1.tif

# Using Peer Mentors to Support PACT Team Efforts to Improve Diabetes –

# PACT Demo Lab VISN 4

# VA Form 10-10138

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**BASELINE SURVEY**

CV1. Date enrolled: / /

CV2. Data entered by: (initials)

CV3. Data checked by: (initials)

CV4.

Poorly Controlled Patient 1Peer Mentor 2

CV5. Arm

Control 1

Peer Mentoring 2

FFM 3

**Baseline measurements**

BM1. Initial HbA1c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM2. Blood Pressure 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM3. Blood Pressure 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM4. Blood Pressure Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM5. Direct LDL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM6. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM7. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM8. BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BM9. Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIABETES MEDICATIONS (DM HEALTH HISTORY)**

Let’s start with a few questions about your diabetes.

A1. What year were you first told you had diabetes? / /

A2. How old were you when you learned you had diabetes?

A3. What medications do you currently use to treat your diabetes?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **A3A. Oral medications/pills** | 1 | 0 |
| **A3B. Insulin** | 1 | 0 |

A4. Which of the following medications do you currently take?

|  |  |  |
| --- | --- | --- |
| **Medicine** | **Yes** | **No** |
| **A4A. Acarbose** | 1 | 0 |
| **A4B. Chlorpropamide** | 1 | 0 |
| **A4C. Glimepiride** | 1 | 0 |
| **A4D. Glipizide** | 1 | 0 |
| **A4E. Glyburide** | 1 | 0 |
| **A4F. Insulin Aspart** | 1 | 0 |
| **A4G. Insulin Detemir (Levemir)** | 1 | 0 |
| **A4H. Insulin Glargine** | 1 | 0 |
| **A4I. Insulin Human 50/50** | 1 | 0 |
| **A4J. Insulin Human 70/30** | 1 | 0 |
| **A4K. Insulin Lente Pork** | 1 | 0 |
| **A4L.Insulin Lispro 75/25** | 1 | 0 |
| **A4M. Insulin NPH Human, Novolin N** | 1 | 0 |
| **A4N. Insulin NPH Pork** | 1 | 0 |
| **A4O. Insulin Regular Human, Novolin R** | 1 | 0 |
| **A4P. Metformin** | 1 | 0 |
| **A4Q. Nateglinide** | 1 | 0 |
| **A4R. Pioglitazone** | 1 | 0 |
| **A4S. Repaglinide** | 1 | 0 |
| **A4T. Rosiglitazone** | 1 | 0 |
| **A4U. Sitagliptin** | 1 | 0 |
| **A4V.Tolazamide** | 1 | 0 |
| **A4W. Tolbutamide** | 1 | 0 |
| **A4X. Troglitazone** | 1 | 0 |

If you answered **yes** to A3B, ask A5-A7:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Once a Day in the Morning** | **Once a Day in the Evening** | **Twice a Day** | **Three Times a Day** | **Four or More Times a Day** | **I use an Infusion Pump** |
| **A5. How many times during the day do you usually take your insulin?** | 1 | 2 | 3 | 4 | 5 | 6 |

A6. How old were you when you started taking insulin?  *years*

A7. Have you taken insulin for as long as you have had diabetes?

|  |  |
| --- | --- |
| **Yes** | 1 |
| **No** | 0 |

A8. How difficult is it for you to pay for you diabetes medication?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at All**  **Difficult** | **Some What Difficult** | **Moderately Difficult** | **Very**  **Difficult** | **Extremely Difficult** |
| 1 | 2 | 3 | 4 | 5 |

(HYPOGLYCEMIC SYMPTOMS)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DM Symptoms** | | | | | | |  |
|  | **0**  **Times** | **1**  **Time** | **2**  **Times** | **3**  **Times** | **4-6 Times** | **7-12 Times** | **Don’t Know** |
| A9. How many times in the **LAST 3 MONTHS** have you had a **low blood sugar** (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger or headaches? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| A10. How many times in the **LAST YEAR** have you had severe **low blood sugar** reactions such as passing out or needing help to treat the reaction? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| A11. How many days in the **LAST 3 MONTHS** have you had **high blood sugar** with symptoms such as thirst, dry mouth and skin, less appetite, nausea, or fatigue? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |

IfA10 is greater than 0 then ask:

A11a. Who helped you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

A11b. What kind of help did they give you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

A11c. Did you have to call 911? Yes 1/No 0

A11d. Did you go to an emergency room? Yes 1/No 0

A11e. Were you admitted to the hospital overnight? Yes 1/No 0

A11f. Is there anything else I should know?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A12. **Morisky Medication Adherence (SELF MANAGEMENT BEHAVIOR)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| A12A. Do you ever forget to take your diabetes medicine? | 1 | 0 |
| A12B. Are you always careful about taking your diabetes medicine? | 1 | 0 |
| A12C. When you feel better do you sometimes stop taking your diabetes medicine? | 1 | 0 |
| A12D. Sometimes if you feel worse when you take the diabetes medicine, do you stop taking it? | 1 | 0 |

**DIABETIC COMORBIDITIES (DM HEALTH HISTORY)**

The next few questions are about your medical history.

Have you ever been told by a health care provider that you have any of the following problems with your eyes?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B1. Cataracts** | 1 | 0 |
| **B2. Glaucoma** | 1 | 0 |
| **B3. Detached Retina** | 1 | 0 |
| **B4. Blurred vision (not correctable with eye glasses)** | 1 | 0 |
| **B5. Retinopathy (diabetic changes in the back of your eye)** | 1 | 0 |
| **B6. Blindness** | 1 | 0 |

Have you ever had any of the following operations on your eyes?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B7. Cataracts surgery** | 1 | 0 |
| **B8. Laser treatment** | 1 | 0 |
| **B9. Other *(specify\_\_\_\_\_\_\_\_\_\_\_B9A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*** | 1 | 0 |

Have you ever been told by a health care provider that you have any of the following problems related to your heart or circulation?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B10. Heart attack** | 1 | 0 |
| **B11. Heart failure** | 1 | 0 |
| **B12. High cholesterol** | 1 | 0 |
| **B13. Angina** | 1 | 0 |
| **B14. High blood pressure** | 1 | 0 |

Have you ever had any of the following operations or procedures related to your heart?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B15. Coronary artery bypass surgery (open heart surgery)** | 1 | 0 |
| **B16. Coronary angioplasty or stent (“balloon’ procedure)** | 1 | 0 |
| **B17. Heart catheterization (angiogram)** | 1 | 0 |

Have you ever been told by a health care provider that you have any of the following bladder, kidney, or urinary problems?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B18. Kidney or bladder infections** | 1 | 0 |
| **B19. Kidney failure** | 1 | 0 |
| **B20. Protein in your urine** | 1 | 0 |
| **B21. Prostatitis or inflamed prostate *(men only)*** | 1 | 0 |
| **B22. Vaginitis or vaginal infection *(women only)*** | 1 | 0 |

Have you ever been told by a health care provider that you have any of the following problems with your feet or legs?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B23. Peripheral vascular disease (poor circulation in the legs)** | 1 | 0 |
| **B24. Intermittent claudication (cramping in the calves after exercise)** | 1 | 0 |
| **B25. Peripheral neuropathy (nerve problems causing numbness, tingling, or burning).** | 1 | 0 |
| **B26. Gangrene** | 1 | 0 |
| **B27. Foot ulcers** | 1 | 0 |
| **B28. Athlete’s foot or fungus infection of the feet** | 1 | 0 |

Have you ever had an amputation of the toe, foot, part of a leg, or all of a leg for a poorly healing sore or poor circulation? (An amputation that is **NOT** due to an injury or accident)?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B29. Toes** | 1 | 0 |
| **B30. Part of a foot (or feet)** | 1 | 0 |
| **B31. Leg, below the knee** | 1 | 0 |
| **B32. Leg, above the knee** | 1 | 0 |

Have you ever been told by a health care provider that you have had any of the following problems?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **B33. Stroke** | 1 | 0 |
| **B34. Transient ischemic attacks (TIA or “mini-stroke”)** | 1 | 0 |

B35. Do you currently smoke cigarettes, a pipe or cigars? (GENERAL HEALTH HISTORY)

|  |  |  |
| --- | --- | --- |
| Yes | 1 | Skip to Page C |
| No | 0 | Proceed |

B36. Have you ever smoked cigarettes, a pipe or cigars?

|  |  |  |
| --- | --- | --- |
| **Yes** | 1 | Proceed |
| **No** | 0 | Skip to Page C |

B37 How many years ago did you quit smoking?

|  |  |
| --- | --- |
| Number of years |  |

As far as you know, do you have any of the following health conditions at the present time?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. **Charlson Morbidity Scale** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refuse** |
| **C1. Anemia (low blood) – including sickle cell anemia** | 1 | 0 | 77 | 99 |
| **C2. Asthma, emphysema, or chronic bronchitis** | 1 | 0 | 77 | 99 |
| **C3. Arthritis or rheumatism** | 1 | 0 | 77 | 99 |
| **C4. Back problems (including spine or disk)** | 1 | 0 | 77 | 99 |
| **C5. Cancer, diagnosed in the past 3 years** | 1 | 0 | 77 | 99 |
| **C6. Depression** | 1 | 0 | 77 | 99 |
| **C7. Diabetes** | 1 | 0 | 77 | 99 |
| **C8. Digestive problems (ulcer, colitis, gallbladder disease)** | 1 | 0 | 77 | 99 |
| **C9. High blood pressure** | 1 | 0 | 77 | 99 |
| **C10. HIV illness or AIDS** | 1 | 0 | 77 | 99 |
| **C11. Kidney problems** | 1 | 0 | 77 | 99 |
| **C12. Liver problems (cirrhosis)** | 1 | 0 | 77 | 99 |
| **C13. Stroke** | 1 | 0 | 77 | 99 |

D. **SF-1 Health Survey ( GENERAL HEALTH HISTORY)**

D1. In general, would you say your health is…

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

**E. Health Utility Index ( GENERAL HEALTH HISTORY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **Have you been able to see well enough to read ordinary newsprint with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **During the past four weeks, have you been able to see at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 6.** | | | | |
| 1. **During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 6.** | | | | |
| 1. **Have you been able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a group conversation with at least three other people with a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 9.** | | | | |
| 1. **During the past four weeks, have you been able to hear at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 11.** | | | | |
| 1. **During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to be understood completely when speaking your own language with people who do not know you?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who do not know you?** | 1 | 0 | 77 | 99 |
| 1. **During the past 4 weeks, have you been able to be understood completely when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **During the past four weeks, have you been able to speak at all?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to bend, lift, jump and run without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **During the past four weeks, have you been able to walk at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 22.** | | | | |
| 1. **Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to walk?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed a wheelchair to get around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to get around in the wheelchair?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you had the full use of both hands and ten fingers?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 28.** | | | | |
| 1. **Have you needed the help of another person because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| **If no, go to question 27.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Some tasks** | **Most tasks** | **All tasks** | **Don’t know** | **Refused** |
| 1. **Have you needed the help of another person with: some tasks, most tasks, or all tasks?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 31.** | | | | |
| 1. **Have you needed the help of another person to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed special equipment or tools to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy** | **Unhappy** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been feeling happy or unhappy?** | 1 | 2 | 77 | 99 |
| **If Unhappy, go to question 33.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy & Interested** | **Somewhat happy** | **Don’t Know** | **Refused** |
| 1. **Would you describe yourself as having felt: happy and interested in life, or somewhat happy?** | **1** | 2 | 77 | 99 |
| **If happy or somewhat happy, go to question 34.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Somewhat unhappy** | **Very unhappy** | **So unhappy that life is not worthwhile** | **Don’t know** | **Refused** |
| 1. **Would you describe yourself as having felt: somewhat unhappy, very unhappy, or so unhappy that life is not worthwhile?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?** | 1 | 0 | 77 | 99 |
| **If no, go to question 37.** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Rarely** | **Occasionally** | **Often** | **Almost always** | **Don’t know** | **Refused** |
| 1. **How often did you feel fretful, angry, irritable, anxious or depressed?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Able to remember most things** | **Somewhat forgetful** | **Very forgetful** | **Unable to remember anything at all** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to remember things, during the past four weeks?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Able to think clearly and solve problems** | **Had a little difficulty** | **Had some difficulty** | **Had a great deal of difficulty** | **Unable to think or solve problems** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to think and solve day to day problems during the past four weeks?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you had any trouble with pain or discomfort, during the past four weeks?** | 1 | 0 | 77 | 99 |
| **If no, go to question 41.** | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **A few** | **Some** | **Most** | **All** | **Don’t know** | **Refused** |
| 1. **How many of your activities during the past four weeks were limited by pain or discomfort?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Good** | **Fair** | **Poor** | **Don’t know** | **Refused** |
| 1. **Overall, how would you rate your health during the past week?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

**SELF-EFFICACY**

How much do you agree or disagree with each statement? I am able to:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **F. Perceived Confidence in Diabetes Scale** | | | | | | | |
|  | **Not at all True** | **Usually Not True** | **Sometimes but Infrequently True** | **Occasionally True** | **Often True** | **Usually True** | **Very True** |
| **F1. I feel confident in my ability to manage my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **F2. I feel capable of handling my diabetes now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **F3. I am able to do my own routine diabetes care now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **F4. I am able to meet the challenges of controlling my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all Confident** | **Somewhat Confident** | **Moderately Confident** | **Confident** | **Extremely Confident** |
| **F5. How confident are you in your ability to take your diabetes medications exactly as directed by your doctor?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived DM Control** | | | | | |
|  | **Not Very Well** | **Not Well** | **Neither Not Well or Well** | **Well** | **Very Well** |
| **F6. How well do you think you are managing to control you diabetes?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Benefits** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **F7. Sticking to my diabetes medication will help prevent diseases (complications) related to diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **F8. Sticking to my diabetes medication will help me control my diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **F9. Sticking to my diabetes medication will help me feel better.** | 1 | 2 | 3 | 4 | 5 |
| **F10. Sticking to my diabetes medication will help me live longer.** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Barriers** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **F11. I have difficulty remembering when to take my diabetes medication.** | 1 | 2 | 3 | 4 | 5 |
| **F12.Family problems make it difficult for me to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **F13. I would have to change too many habits to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **F14. Taking my diabetes medication interferes with my normal daily activities.** | 1 | 2 | 3 | 4 | 5 |
| **F15. I don’t feel motivated to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |

**SUPPORT NEEDS, RECEIVED, ATTITUDES (SOCIAL SUPPORT)** G1. I want a lot of help and support from my family or friends in:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G1A. Following my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1B. Taking my medicine.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1C. Taking care of my feet.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1D. Getting enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1E. Testing my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1F. Handling my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

**G2. My family or friends help and support me a lot to:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G2A. Follow my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2B.Take my medicine.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2C. Take care of my feet.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2D. Get enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2E. Test my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2F. Handle my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

**G3. My family or friends:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G3A. Accept me and my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3B.Feel uncomfortable about me because of my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3C. Encourage or reassure me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3D. Discourage or upset me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3E. Listen to me when I want to talk about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3F. Nag me about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

**ATTACHMENT STYLE**

Check one box for each statement that best describes how much you agree or disagree with the following statements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Slightly disagree** | **Slightly agree** | **Agree** | **Strongly agree** |
| **H1. I find it relatively easy to get close with others.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H2. I’m not very comfortable having to depend on other people.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H3. I’m comfortable having others depend on me.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H4. I rarely worry about being abandoned by others.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H5. I don’t like people getting too close to me.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H6. I’m somewhat uncomfortable being too close to others.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H7. I find it difficult to trust others completely.** | 1 | 2 | 3 | 4 | 5 | 6 |
| **H8. I’m nervous whenever anyone gets too close to me.** | 1 | 2 | 3 | 4 | 5 | 6 |

**SELF-MANAGEMENT (from Summary of Diabetes Self-Care Activities Measure)**

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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0 days** | **1 day** | **2 days** | **3 days** | **4 days** | **5 days** | **6 days** | **7 days** |
| **I1. How many of the last seven days have you followed a healthful eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I2.On average, over the past month, how many days per week have you followed your eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I3. On how many of the last seven days did you eat five or more servings of fruits and vegetables?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I4. On how many of the last seven days did you eat high fat foods such as red meat or full-fat dairy products?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I5. On how many of the last seven days did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking)** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I6. On how many of the last seven days did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I7. On how many of the last seven days did you test your blood sugar?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I8. On how many of the last seven days did you test your blood sugar the number of times recommended by your health provider?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I9. On how many of the last seven days did you check your feet?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I10. On how many of the last seven days did you inspect the inside of your shoes?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**K. Diabetes Distress Scale (DDS-2 DM QUALITY OF LIFE)**

Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. For the following, please consider the degree to which each of the items may have distressed or bothered you during the past month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not a Problem** | **Minor Problem** | **Moderate Problem** | **Somewhat Serious Problem** | **Serious Problem** |
| **K1. Feeling overwhelmed by the demands of living with diabetes** | 1 | 2 | 3 | 4 | 5 |
| **K2. Feeling that I am often failing with my diabetes regimen** | 1 | 2 | 3 | 4 | 5 |

**L. Patient Health Questionnaire (PHQ2 - Depression) (DEPRESSION SYMPTOMS)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | | | | |
|  | **Not at all** | **Several Days** | **More than half the days** | **Nearly every day** |
| **L1. Little interest or pleasure in doing things** | 0 | 1 | 2 | 3 |
| **L2. Feeling down, depressed, or hopeless** | 0 | 1 | 2 | 3 |

**DEMOGRAPHICS**

M1. What is your age?

M2. What is your birth date? / /

M3. What is your sex?

|  |  |
| --- | --- |
| **Male** | **Female** |
| 1 | 2 |

M4. Do you consider yourself Spanish, Hispanic, or Latino?

|  |  |
| --- | --- |
| **Yes** | **No** |
| 1 | 0 |

M5. Which of the following describes your racial background? Please say yes to all that apply as I read down the following list.

|  |  |  |
| --- | --- | --- |
| **Race/Ethnicity** | **Yes** | **No** |
| **M5A. White** | 1 | 0 |
| **M5B. Black or African American** | 1 | 0 |
| **M5C. American Indian or Alaska Native** | 1 | 0 |
| **M5D. Asian** | 1 | 0 |
| **M5E. Native Hawaiian or other Pacific Islander** | 1 | 0 |
| **M5F. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_M5F1\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1 | 0 |

M6. What is the highest grade or year of school you completed?

|  |  |
| --- | --- |
| **Year** |  |
| **Don’t Know** | 77 |

M7. What degrees or diplomas have you earned? Please say yes to all that apply.

|  |  |  |
| --- | --- | --- |
| **Degree** | **Yes** | **No** |
| **M7A. High school diploma or equivalency (GED)** | 1 | 0 |
| **M7B. Associate degree (junior college)** | 1 | 0 |
| **M7C. Technical certificate or degree** | 1 | 0 |
| **M7D. Bachelor’s degree** | 1 | 0 |
| **M7E. Master’s degree** | 1 | 0 |
| **M7F. Doctorate or Professional Degree (MD, JD, DDS, etc)** | 1 | 0 |
| **M7G. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1 | 0 |
| **M7H. None of the above (less than high school)** | 1 | 0 |

M8. What is your current marital or domestic status? Please say yes to all that apply.

|  |  |  |
| --- | --- | --- |
| **Status** | **Yes** | **No** |
| **M8A. Married** | 1 | 0 |
| **M8B. Living with someone as a couple, but not married** | 1 | 0 |
| **M8C. Widowed** | 1 | 0 |
| **M8D. Divorced or Separated** | 1 | 0 |
| **M8E. Never married** | 1 | 0 |
| **M8F. Other** | 1 | 0 |

M9. Which best describes your current living situation?

|  |  |
| --- | --- |
| **Live alone in your own apartment or house** | 1 |
| **Live with family members** | 2 |
| **Live with friends or roommates in an apartment or house** | 3 |
| **Live in residential treatment** | 4 |
| **Live in a shelter or on the streets** | 5 |
| **Other: \_\_\_M9A\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 6 |

M10. How many people live with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M11. Which of the following best describes your current employment status?

|  |  |
| --- | --- |
| **Working full-time, 35 or more hours per week** | 1 |
| **Working part-time, less than 35 hours per week** | 2 |
| **Unemployed or laid off and looking for work** | 3 |
| **Unemployed and not looking for work** | 4 |
| **Homemaker** | 5 |
| **In school** | 6 |
| **Retired** | 7 |
| **Disabled, not able to work** | 8 |
| **Other:\_\_\_\_\_\_\_\_\_\_\_\_M11A\_\_\_\_\_\_\_\_\_\_\_** | 9 |

M12. How would you describe your care? (check all that apply)

|  |  |  |
| --- | --- | --- |
| **Plan** | **Yes** | **No** |
| **M12A. Do you get all of your care at the VA?** | 1 | 0 |
| **M12B. Do you go to see doctors outside of the VA for any reason?** | 1 | 0 |

M13. Which of the categories best describes your total annual combined household income from all sources?

|  |  |
| --- | --- |
| **Less than $5,000** | 1 |
| **$5,000 to $9,999** | 2 |
| **$10,000 to $14,999** | 3 |
| **$15,000 to $19,999** | 4 |
| **$20,000 to $29,999** | 5 |
| **$30,000 to $39,999** | 6 |
| **$40,000 to $49,999** | 7 |
| **$50,000 to $59,999** | 8 |
| **$60,000 to $69,999** | 9 |
| **$70,000 and over** | 10 |
| **Don’t Know** | 77 |
| **Refuse to disclose** | 99 |

**6-MONTH SURVEY**

CV1. Date enrolled: / /

CV2. Data entered by: (initials)

CV3. Data checked by: (initials)

CV4.

Poorly Controlled Patient 1

Peer Mentor 2

CV5. Arm

Usual Care 1

Peer Mentoring 2

FFM 3

**6-month measurements**

SM1. Initial HbA1c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM2. Blood Pressure 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM3. Blood Pressure 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM4. Blood Pressure Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM5. Direct LDL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM6. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM7. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM8. BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SM9. Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Health Utility Index** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **Have you been able to see well enough to read ordinary newsprint with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **During the past four weeks, have you been able to see at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 6.** | | | | |
| 1. **During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 6.** | | | | |
| 1. **Have you been able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a group conversation with at least three other people with a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 9.** | | | | |
| 1. **During the past four weeks, have you been able to hear at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 11.** | | | | |
| 1. **During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to be understood completely when speaking your own language with people who do not know you?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who do not know you?** | 1 | 0 | 77 | 99 |
| 1. **During the past 4 weeks, have you been able to be understood completely when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **During the past four weeks, have you been able to speak at all?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to bend, lift, jump and run without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **During the past four weeks, have you been able to walk at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 22.** | | | | |
| 1. **Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to walk?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed a wheelchair to get around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to get around in the wheelchair?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you had the full use of both hands and ten fingers?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 28.** | | | | |
| 1. **Have you needed the help of another person because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| **If no, go to question 27.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Some tasks** | **Most tasks** | **All tasks** | **Don’t know** | **Refused** |
| 1. **Have you needed the help of another person with: some tasks, most tasks, or all tasks?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 31.** | | | | |
| 1. **Have you needed the help of another person to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed special equipment or tools to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy** | **Unhappy** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been feeling happy or unhappy?** | 1 | 2 | 77 | 99 |
| **If Unhappy, go to question 33.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy & Interested** | **Somewhat happy** | **Don’t Know** | **Refused** |
| 1. **Would you describe yourself as having felt: happy and interested in life, or somewhat happy?** | 1 | 2 | 77 | 99 |
| **If happy or somewhat happy, go to question 34.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Somewhat unhappy** | **Very unhappy** | **So unhappy that life is not worthwhile** | **Don’t know** | **Refused** |
| 1. **Would you describe yourself as having felt: somewhat unhappy, very unhappy, or so unhappy that life is not worthwhile?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?** | 1 | 0 | 77 | 99 |
| **If no, go to question 37.** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Rarely** | **Occasionally** | **Often** | **Almost always** | **Don’t know** | **Refused** |
| 1. **How often did you feel fretful, angry, irritable, anxious or depressed?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Able to remember most things** | **Somewhat forgetful** | **Very forgetful** | **Unable to remember anything at all** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to remember things, during the past four weeks?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Able to think clearly and solve problems** | **Had a little difficulty** | **Had some difficulty** | **Had a great deal of difficulty** | **Unable to think or solve problems** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to think and solve day to day problems during the past four weeks?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you had any trouble with pain or discomfort, during the past four weeks?** | 1 | 0 | 77 | 99 |
| If no, go to question 41. | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **A few** | **Some** | **Most** | **All** | **Don’t know** | **Refused** |
| 1. **How many of your activities during the past four weeks were limited by pain or discomfort?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Good** | **Fair** | **Poor** | **Don’t know** | **Refused** |
| 1. **Overall, how would you rate your health during the past week?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

As far as you know, do you have any of the following health conditions at the present time?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. **Charlson Morbidity Scale** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refuse** |
| **B1. Anemia (low blood) – including sickle cell anemia** | 1 | 0 | 77 | 99 |
| **B2. Asthma, emphysema, or chronic bronchitis** | 1 | 0 | 77 | 99 |
| **B3. Arthritis or rheumatism** | 1 | 0 | 77 | 99 |
| **B4. Back problems (including spine or disk)** | 1 | 0 | 77 | 99 |
| **B5. Cancer, diagnosed in the past 3 years** | 1 | 0 | 77 | 99 |
| **B6. Depression** | 1 | 0 | 77 | 99 |
| **B7. Diabetes** | 1 | 0 | 77 | 99 |
| **B8. Digestive problems (ulcer, colitis, gallbladder disease)** | 1 | 0 | 77 | 99 |
| **B9. High blood pressure** | 1 | 0 | 77 | 99 |
| **B10. HIV illness or AIDS** | 1 | 0 | 77 | 99 |
| **B11. Kidney problems** | 1 | 0 | 77 | 99 |
| **B12. Liver problems (cirrhosis)** | 1 | 0 | 77 | 99 |
| **B13. Stroke** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. **SF-1 Health Survey** | | | | |
| **C1. In general, would you say your health is…** | | | | |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D. HYPOGLYCEMIC SYMPTOMS** | | | | | | | |
| **DM Symptoms** | | | | | | |  |
|  | **0**  **Times** | **1**  **Time** | **2**  **Times** | **3**  **Times** | **4-6 Times** | **7-12 Times** | **Don’t know** |
| 1. How many times in the **LAST MONTH** have you had a **low blood sugar** (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger or headaches? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| 2. How many times in the **LAST Month** have you had severe **low blood sugar** reactions such as passing out or needing help to treat the reaction? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| 3. How many days in the **LAST 3 MONTHS** have you had **high blood sugar** with symptoms such as thirst, dry mouth and skin, less appetite, nausea, or fatigue? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |

E. **Diabetes Distress Scale (DDS-2)**

Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. For the following, please consider the degree to which each of the items may have distressed or bothered you during the past month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not a Problem** | **Minor Problem** | **Moderate Problem** | **Somewhat Serious Problem** | **Serious Problem** |
| **E1. Feeling overwhelmed by the demands of living with diabetes** | 1 | 2 | 3 | 4 | 5 |
| **E2. Feeling that I am often failing with my diabetes regimen** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **F. Patient Health Questionnaire (PHQ2 - Depression)** | | | | |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | | | | |
|  | **Not at all** | **Several Days** | **More than half the days** | **Nearly every day** |
| **F1. Little interest or pleasure in doing things** | 0 | 1 | 2 | 3 |
| **F2. Feeling down, depressed, or hopeless** | 0 | 1 | 2 | 3 |

**G. SUPPORT NEEDS, RECEIVED, ATTITUDES (from Diabetes Care Profile)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G1. I want a lot of help and support from my family or friends in:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G1A. Following my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1B. Taking my medicine**. | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1C. Taking care of my feet.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1D. Getting enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1E. Testing my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1F. Handling my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G2. My family or friends help and support me a lot to:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G2A. Follow my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2B.Take my medicine.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2C. Take care of my feet**. | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2D. Get enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2E. Test my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2F. Handle my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G3. My family or friends:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G3A. Accept me and my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3B.Feel uncomfortable about me because of my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3C. Encourage or reassure me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3D. Discourage or upset me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3E. Listen to me when I want to talk about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3F. Nag me about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

**SELF-EFFICACY**

How much do you agree or disagree with each statement? I am able to:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **H. Perceived Confidence in Diabetes Scale** | | | | | | | |
|  | **Not at all True** | **Usually Not True** | **Sometimes but Infrequently True** | **Occasionally True** | **Often True** | **Usually True** | **Very True** |
| **H1. I feel confident in my ability to manage my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H2. I feel capable of handling my diabetes now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H3. I am able to do my own routine diabetes care now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H4. I am able to meet the challenges of controlling my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all Confident** | **Somewhat Confident** | **Moderately Confident** | **Confident** | **Extremely Confident** |
| **H5. How confident are you in your ability to take your diabetes medications exactly as directed by your doctor?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived DM Control** | | | | | |
|  | **Not Very Well** | **Not Well** | **Neither Not Well or Well** | **Well** | **Very Well** |
| **H6. How well do you think you are managing to control you diabetes?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Benefits** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **H7. Sticking to my diabetes medication will help prevent diseases (complications) related to diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **H8. Sticking to my diabetes medication will help me control my diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **H9. Sticking to my diabetes medication will help me feel better.** | 1 | 2 | 3 | 4 | 5 |
| **H10. Sticking to my diabetes medication will help me live longer.** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Barriers** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **H11. I have difficulty remembering when to take my diabetes medication.** | 1 | 2 | 3 | 4 | 5 |
| **H12.Family problems make it difficult for me to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **H13. I would have to change too many habits to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **H14. Taking my diabetes medication interferes with my normal daily activities.** | 1 | 2 | 3 | 4 | 5 |
| **H15. I don’t feel motivated to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |

**H16. Morisky Medication Adherence (SELF MANAGEMENT BEHAVIOR)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **H16A. Do you ever forget to take your diabetes medicine?** | 1 | 0 |
| **H16B. Are you always careful about taking your diabetes medicine?** | 1 | 0 |
| **H16C. When you feel better do you sometimes stop taking your diabetes medicine?** | 1 | 0 |
| **H16D. Sometimes if you feel worse when you take the diabetes medicine, do you stop taking it?** | 1 | 0 |

H17. During the past 6 months, did you start using insulin?

H17A. If yes, do you know the name of your insulin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Once a Day in the Morning** | **Once a Day in the Evening** | **Twice a Day** | **Three Times a Day** | **Four or More Times a Day** | **I use an Infusion Pump** |
| **H18. How many times during the day do you usually take your insulin?** | 1 | 2 | 3 | 4 | 5 | 6 |

H19. How old were you when you started taking insulin?                                                  *years*

H20. Have you taken insulin for as long as you have had diabetes?

|  |  |
| --- | --- |
| **Yes** | 1 |
| **No** | 0 |

1. **SELF-MANAGEMENT (from Summary of Diabetes Self-Care Activities Measure)**

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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0 days** | **1 day** | **2 days** | **3 days** | **4 days** | **5 days** | **6 days** | **7 days** |
| **I1. How many of the last seven days have you followed a healthful eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I2.On average, over the past month, how many days per week have you followed your eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I3. On how many of the last seven days did you eat five or more servings of fruits and vegetables?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I4. On how many of the last seven days did you eat high fat foods such as red meat or full-fat dairy products?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I5. On how many of the last seven days did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking)** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I6. On how many of the last seven days did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I7. On how many of the last seven days did you test your blood sugar?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I8. On how many of the last seven days did you test your blood sugar the number of times recommended by your health provider?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I9. On how many of the last seven days did you check your feet?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I10. On how many of the last seven days did you inspect the inside of your shoes?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

The next few questions are about the money you may have spent to improve your diabetes control during the last 6 months. Please answer yes or no to whether you have bought any of the following during the study.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes | | No | | | Estimated cost |
| J1. Weight loss program (Weight Watchers, Jenny Craig, Optifast, Nutrasystem, Overeater’s Anonymous, etc.) | 1 | | 0 | | | J1A |
| J2. Vitamins, diet pills, supplements | 1 | | 0 | | | J2A |
| J3. Cookbooks | 1 | | 0 | | | J3A |
| J4. Cooking videos | 1 | | 0 | | | J4A |
| J5. Blender | 1 | | 0 | | | J5A |
| J6. Microwave | 1 | | 0 | | | J6A |
| J7. Steamer | 1 | | 0 | | | J7A |
| J8. Pots and pans for low fat cooking | 1 | | 0 | | | J8A |
| J9. Mixer or food processor | 1 | | 0 | | | J9A |
| J10. Food scale | 1 | | 0 | | | J10A |
| J11. Freezer | 1 | | 0 | | | J11A |
| J12. Wok or electric grill | 1 | | 0 | | | J12A |
| J13. Other food related items (please specify): | 1 | | 0 | | | J13A |
|  | Yes | | | No | | Estimated cost |
| J14. Bicycle | 1 | | | 0 | | J14A |
| J15. Exercise videos (Wii fit, Tae Bo, P90X, etc.) | 1 | | | 0 | | J15A |
| J16. Free weights, dumbbells, hand & ankle weights | 1 | | | 0 | | J16A |
| J17. Home gym | 1 | | | 0 | | J17A |
| J18. Stationary bicycle | 1 | | | 0 | | J18A |
| J19. Rowing or skiing machine, stair stepper | 1 | | | 0 | | J19A |
| J20. Treadmill | 1 | | | 0 | | J20A |
| J21. Sport or water aerobics equipment (basketball, volleyball, tennis racket, etc.) | 1 | | | 0 | | J21A |
| J22, Health or gym club membership | 1 | | | 0 | | J22A |
| J23. Exercise, aerobic, yoga, or dance class | 1 | | | 0 | | J23A |
| J24. Personal trainer | 1 | | | 0 | | J24A |
| J25. Exercise sneakers | 1 | | | 0 | | J25A |
| J26. Exercise clothing (socks, underwear, special shoes, etc.) | 1 | | | 0 | | J26A |
| J27. Other fitness related items (please specify): | 1 | | | 0 | | J27A |
|  | | Yes | | | No | | | Estimated cost |
| J28. Is there anything else you bought to help you control your diabetes that we haven’t already mentioned? Please specify: | | 1 | | | 0 | | | J28A |

Now I have some additional questions.

J29. In the past 6 months, how much extra money did you spend on average per week for diabetes friendly foods or extra fruits and vegetables?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J30. In the last 6 months, how much in total have you paid for your diabetes prescriptions (pills, insulin, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J31. In the last 6 months, how much money have you paid for diabetic supplies (strips, lancets, Glucometers, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J32. In the past 6 months, how much money have you spent on special clothing for exercise (athletic clothing, supportive underwear, special shoes like cleats)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J33. In a normal week, how many hours do you yourself spend shopping for and preparing food for yourself?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J34. In a normal week, how many hours do your spouse, family, and friends spend shopping and preparing food for you?

J35. How much time does it take you to travel to your Improving Diabetic Outcomes (IDO research study) visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J36. Did you visit any of the following doctors/healthcare providers during the study?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | # of visits | Copay |
| J36A. Primary care provider | 1 | 0 | J36A1 | J36A2 |
| J36B. Nurse practitioner | 1 | 0 | J36B1 | J36B2 |
| J36C. Endocrinologist | 1 | 0 | J36C1 | J36C2 |
| J36D. Cardiologist | 1 | 0 | J36D1 | J36D2 |
| J36E. Ophthalmologist | 1 | 0 | J36E1 | J36E2 |
| J36F. Podiatrist | 1 | 0 | J36F1 | J36F2 |
| J36G. Dentist | 1 | 0 | J36G1 | J36G2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | # of visits | Copay |
| J36H. Did you have to visit the emergency room during the last 6 months? | 1 | 0 | J36H1 | J36H2 |
| * 1. If yes, why were you admitted? | J36H3 | | | |
| J36I Did you have to stay overnight in the hospital during the last 6 months? | 1 | 0 | J36I1 | J36I2 |
| * 1. If yes, why were you admitted? | J36I3 | | | |
| J36J. Did you have any surgeries during the past 6 months? | 1 | 0 | J36J1 | J36J2 |
| * 1. If yes, what was the surgery? | J36J2 | | | |

**FOLLOW-UP SURVEY**

* **6 Month Follow-up \_\_\_\_\_\_**
* **12 Month Follow-up \_\_\_\_\_\_\_**

CV1. Date enrolled: / /

CV2. Data entered by: (initials)

CV3. Data checked by: (initials)

CV4.

Poorly Controlled Patient 1

Peer Mentor 2

CV5.

Arm

Usual Care 1

Peer Mentoring 2

FFM 3

**12-month measurements**

TM1. Initial HbA1c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM2. Blood Pressure 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM3. Blood Pressure 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM4. Blood Pressure Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM5. Direct LDL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM6. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM7. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM8. BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM9. Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Health Utility Index** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **Have you been able to see well enough to read ordinary newsprint with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **During the past four weeks, have you been able to see at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 6.** | | | | |
| 1. **During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 6.** | | | | |
| 1. **Have you been able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a group conversation with at least three other people with a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 9.** | | | | |
| 1. **During the past four weeks, have you been able to hear at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 11.** | | | | |
| 1. **During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to be understood completely when speaking your own language with people who do not know you?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who do not know you?** | 1 | 0 | 77 | 99 |
| 1. **During the past 4 weeks, have you been able to be understood completely when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **During the past four weeks, have you been able to speak at all?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to bend, lift, jump and run without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **During the past four weeks, have you been able to walk at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 22.** | | | | |
| 1. **Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to walk?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed a wheelchair to get around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to get around in the wheelchair?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you had the full use of both hands and ten fingers?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 28.** | | | | |
| 1. **Have you needed the help of another person because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| **If no, go to question 27.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Some tasks** | **Most tasks** | **All tasks** | **Don’t know** | **Refused** |
| 1. **Have you needed the help of another person with: some tasks, most tasks, or all tasks?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 31.** | | | | |
| 1. **Have you needed the help of another person to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed special equipment or tools to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy** | **Unhappy** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been feeling happy or unhappy?** | 1 | 2 | 77 | 99 |
| **If Unhappy, go to question 33.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy & Interested** | **Somewhat happy** | **Don’t Know** | **Refused** |
| 1. **Would you describe yourself as having felt: happy and interested in life, or somewhat happy?** | 1 | 2 | 77 | 99 |
| **If happy or somewhat happy, go to question 34.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Somewhat unhappy** | **Very unhappy** | **So unhappy that life is not worthwhile** | **Don’t know** | **Refused** |
| 1. **Would you describe yourself as having felt: somewhat unhappy, very unhappy, or so unhappy that life is not worthwhile?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?** | 1 | 0 | 77 | 99 |
| **If no, go to question 37.** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Rarely** | **Occasionally** | **Often** | **Almost always** | **Don’t know** | **Refused** |
| 1. **How often did you feel fretful, angry, irritable, anxious or depressed?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Able to remember most things** | **Somewhat forgetful** | **Very forgetful** | **Unable to remember anything at all** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to remember things, during the past four weeks?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Able to think clearly and solve problems** | **Had a little difficulty** | **Had some difficulty** | **Had a great deal of difficulty** | **Unable to think or solve problems** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to think and solve day to day problems during the past four weeks?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you had any trouble with pain or discomfort, during the past four weeks?** | 1 | 0 | 77 | 99 |
| If no, go to question 41. | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **A few** | **Some** | **Most** | **All** | **Don’t know** | **Refused** |
| 1. **How many of your activities during the past four weeks were limited by pain or discomfort?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Good** | **Fair** | **Poor** | **Don’t know** | **Refused** |
| 1. **Overall, how would you rate your health during the past week?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

As far as you know, do you have any of the following health conditions at the present time?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. **Charlson Morbidity Scale** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refuse** |
| **B1. Anemia (low blood) – including sickle cell anemia** | 1 | 0 | 77 | 99 |
| **B2. Asthma, emphysema, or chronic bronchitis** | 1 | 0 | 77 | 99 |
| **B3. Arthritis or rheumatism** | 1 | 0 | 77 | 99 |
| **B4. Back problems (including spine or disk)** | 1 | 0 | 77 | 99 |
| **B5. Cancer, diagnosed in the past 3 years** | 1 | 0 | 77 | 99 |
| **B6. Depression** | 1 | 0 | 77 | 99 |
| **B7. Diabetes** | 1 | 0 | 77 | 99 |
| **B8. Digestive problems (ulcer, colitis, gallbladder disease)** | 1 | 0 | 77 | 99 |
| **B9. High blood pressure** | 1 | 0 | 77 | 99 |
| **B10. HIV illness or AIDS** | 1 | 0 | 77 | 99 |
| **B11. Kidney problems** | 1 | 0 | 77 | 99 |
| **B12. Liver problems (cirrhosis)** | 1 | 0 | 77 | 99 |
| **B13. Stroke** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. **SF-1 Health Survey** | | | | |
| **C1. In general, would you say your health is…** | | | | |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D. HYPOGLYCEMIC SYMPTOMS** | | | | | | | |
| **DM Symptoms** | | | | | | |  |
|  | **0**  **Times** | **1**  **Time** | **2**  **Times** | **3**  **Times** | **4-6 Times** | **7-12 Times** | **Don’t know** |
| 1. How many times in the **LAST MONTH** have you had a **low blood sugar** (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger or headaches? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| 2. How many times in the **LAST Month** have you had severe **low blood sugar** reactions such as passing out or needing help to treat the reaction? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| 3. How many days in the **LAST 3 MONTHS** have you had **high blood sugar** with symptoms such as thirst, dry mouth and skin, less appetite, nausea, or fatigue? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |

E. **Diabetes Distress Scale (DDS-2)**

Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. For the following, please consider the degree to which each of the items may have distressed or bothered you during the past month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not a Problem** | **Minor Problem** | **Moderate Problem** | **Somewhat Serious Problem** | **Serious Problem** |
| **E1. Feeling overwhelmed by the demands of living with diabetes** | 1 | 2 | 3 | 4 | 5 |
| **E2. Feeling that I am often failing with my diabetes regimen** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **F. Patient Health Questionnaire (PHQ2 - Depression)** | | | | |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | | | | |
|  | **Not at all** | **Several Days** | **More than half the days** | **Nearly every day** |
| **F1. Little interest or pleasure in doing things** | 0 | 1 | 2 | 3 |
| **F2. Feeling down, depressed, or hopeless** | 0 | 1 | 2 | 3 |

**G. SUPPORT NEEDS, RECEIVED, ATTITUDES (from Diabetes Care Profile)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G1. I want a lot of help and support from my family or friends in:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G1A. Following my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1B. Taking my medicine**. | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1C. Taking care of my feet.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1D. Getting enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1E. Testing my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1F. Handling my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G2. My family or friends help and support me a lot to:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G2A. Follow my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2B.Take my medicine.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2C. Take care of my feet**. | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2D. Get enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2E. Test my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2F. Handle my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G3. My family or friends:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G3A. Accept me and my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3B.Feel uncomfortable about me because of my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3C. Encourage or reassure me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3D. Discourage or upset me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3E. Listen to me when I want to talk about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3F. Nag me about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

**SELF-EFFICACY**

How much do you agree or disagree with each statement? I am able to:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **H. Perceived Confidence in Diabetes Scale** | | | | | | | |
|  | **Not at all True** | **Usually Not True** | **Sometimes but Infrequently True** | **Occasionally True** | **Often True** | **Usually True** | **Very True** |
| **H1. I feel confident in my ability to manage my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H2. I feel capable of handling my diabetes now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H3. I am able to do my own routine diabetes care now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H4. I am able to meet the challenges of controlling my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all Confident** | **Somewhat Confident** | **Moderately Confident** | **Confident** | **Extremely Confident** |
| **H5. How confident are you in your ability to take your diabetes medications exactly as directed by your doctor?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived DM Control** | | | | | |
|  | **Not Very Well** | **Not Well** | **Neither Not Well or Well** | **Well** | **Very Well** |
| **H6. How well do you think you are managing to control you diabetes?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Benefits** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **H7. Sticking to my diabetes medication will help prevent diseases (complications) related to diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **H8. Sticking to my diabetes medication will help me control my diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **H9. Sticking to my diabetes medication will help me feel better.** | 1 | 2 | 3 | 4 | 5 |
| **H10. Sticking to my diabetes medication will help me live longer.** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Barriers** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **H11. I have difficulty remembering when to take my diabetes medication.** | 1 | 2 | 3 | 4 | 5 |
| **H12.Family problems make it difficult for me to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **H13. I would have to change too many habits to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **H14. Taking my diabetes medication interferes with my normal daily activities.** | 1 | 2 | 3 | 4 | 5 |
| **H15. I don’t feel motivated to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |

**H16. Morisky Medication Adherence (SELF MANAGEMENT BEHAVIOR)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **A. Do you ever forget to take your diabetes medicine?** | 1 | 0 |
| **B. Are you always careful about taking your diabetes medicine?** | 1 | 0 |
| **C. When you feel better do you sometimes stop taking your diabetes medicine?** | 1 | 0 |
| **D. Sometimes if you feel worse when you take the diabetes medicine, do you stop taking it?** | 1 | 0 |

H17. During the past 6 months, did you start using insulin?

H17A. If yes, do you know the name of your insulin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Once a Day in the Morning** | **Once a Day in the Evening** | **Twice a Day** | **Three Times a Day** | **Four or More Times a Day** | **I use an Infusion Pump** |
| **H18. How many times during the day do you usually take your insulin?** | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |  |

H19. How old were you when you started taking insulin?                                                  *years*

H20. Have you taken insulin for as long as you have had diabetes?

|  |  |
| --- | --- |
| **Yes** | 1 |
| **No** | 0 |

1. **SELF-MANAGEMENT (from Summary of Diabetes Self-Care Activities Measure)**

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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0 days** | **1 day** | **2 days** | **3 days** | **4 days** | **5 days** | **6 days** | **7 days** |
| **I1. How many of the last seven days have you followed a healthful eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I2.On average, over the past month, how many days per week have you followed your eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I3. On how many of the last seven days did you eat five or more servings of fruits and vegetables?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I4. On how many of the last seven days did you eat high fat foods such as red meat or full-fat dairy products?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I5. On how many of the last seven days did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking)** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I6. On how many of the last seven days did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I7. On how many of the last seven days did you test your blood sugar?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I8. On how many of the last seven days did you test your blood sugar the number of times recommended by your health provider?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I9. On how many of the last seven days did you check your feet?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I10. On how many of the last seven days did you inspect the inside of your shoes?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

J. The next few questions are about the money you may have spent to improve your diabetes control during the last 6 months. Please answer yes or no to whether you have bought any of the following during the study.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Estimated cost |
| J1. Weight loss program (Weight Watchers, Jenny Craig, Optifast, Nutrasystem, Overeater’s Anonymous, etc.) | 1 | 0 | J1A |
| J2. Vitamins, diet pills, supplements | 1 | 0 | J2A |
| J3. Cookbooks | 1 | 0 | J3A |
| J4. Cooking videos | 1 | 0 | J4A |
| J5. Blender | 1 | 0 | J5A |
| J6. Microwave | 1 | 0 | J6A |
| J7. Steamer | 1 | 0 | J7A |
| J8. Pots and pans for low fat cooking | 1 | 0 | J8A |
| J9. Mixer or food processor | 1 | 0 | J9A |
| J10. Food scale | 1 | 0 | J10A |
| J11. Freezer | 1 | 0 | J11A |
| J12. Wok or electric grill | 1 | 0 | J12A |
| J13. Other food related items (please specify): | 1 | 0 | J13A |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Estimated cost |
| J14. Bicycle | 1 | 0 | J14A |
| J15. Exercise videos (Wii fit, Tae Bo, P90X, etc.) | 1 | 0 | J15A |
| J16. Free weights, dumbbells, hand & ankle weights | 1 | 0 | J16A |
| J17. Home gym | 1 | 0 | J17A |
| J18. Stationary bicycle | 1 | 0 | J18A |
| J19. Rowing or skiing machine, stair stepper | 1 | 0 | J19A |
| J20. Treadmill | 1 | 0 | J20A |
| J21. Sport or water aerobics equipment (basketball, volleyball, tennis racket, etc.) | 1 | 0 | J21A |
| J22. Health or gym club membership | 1 | 0 | J22A |
| J23. Exercise, aerobic, yoga, or dance class | 1 | 0 | J23A |
| J24. Personal trainer | 1 | 0 | J24A |
| J25. Exercise sneakers | 1 | 0 | J25A |
| J26. Exercise clothing (socks, underwear, special shoes, etc.) | 1 | 0 | J26A |
| J27. Other fitness related items (please specify): | 1 | 0 | J27A |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Estimated cost |
| J28. Is there anything else you bought to help you control your diabetes that we haven’t already mentioned? Please specify: | 1 | 0 | J28A |

Now I have some additional questions.

J29. In the past 6 months, how much extra money did you spend on average per week for diabetes friendly foods or extra fruits and vegetables?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J30. In the last 6 months, how much in total have you paid for your diabetes prescriptions (pills, insulin, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J31. In the last 6 months, how much money have you paid for diabetic supplies (strips, lancets, Glucometers, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J32. In the past 6 months, how much money have you spent on special clothing for exercise (athletic clothing, supportive underwear, special shoes like cleats)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J33. In a normal week, how many hours do you yourself spend shopping for and preparing food for yourself?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J34. In a normal week, how many hours do your spouse, family, and friends spend shopping and preparing food for you?
2. J35, How much time does it take you to travel to your Improving Diabetic Outcomes (IDO research study) visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J36. Did you visit any of the following doctors/healthcare providers during the study?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | # of visits | Copay |
| J36A. Primary care provider | 1 | 0 | J36A1 | J36A2 |
| J36B. Nurse practitioner | 1 | 0 | J36B1 | J36B2 |
| J36C. Endocrinologist | 1 | 0 | J36C1 | J36C2 |
| J36D. Cardiologist | 1 | 0 | J36D1 | J36D2 |
| J36E. Ophthalmologist | 1 | 0 | J36E1 | J36E2 |
| J36F. Podiatrist | 1 | 0 | J36F1 | J36F2 |
| J36G. Dentist | 1 | 0 | J36G1 | J36G2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | # of visits | Copay |
| J36H. Did you have to visit the emergency room during the last 6 months? | 1 | 0 | J36H1 | J36H2 |
| * 1. If yes, why were you admitted? | J36H3 | | | |
| J36I. Did you have to stay overnight in the hospital during the last 6 months? | 1 | 0 | J36I1 | J36I2 |
| * 1. If yes, why were you admitted? | J36I3 | | | |
| J36J. Did you have any surgeries during the past 6 months? | 1 | 0 | J36J1 | J36J2 |
| * 1. If yes, what was the surgery? | J36J3 | | | |

**Monthly Script Peer Mentor**

**Monthly Calls**

CV 1. Date enrolled: / /

CV2. Date of phone call: / /

Check in: \_\_\_\_\_\_1 month \_\_\_\_\_\_\_3 month

**Monthly Script Peer Mentor**

Hello this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the diabetes study at the VA.

Is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ there?

- No, when might be a good time for me to call back to get\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**-** Yes, would this be an ok time to talk for 5 minutes?

-No, when should I call back\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-**Yes, great.

1. Did you talk to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the past 30 days? Yes 1/No 0

1a. If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. If Yes. How many times did you talk to them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How did it go?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you have any concerns?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did you use the take home sheets to guide your conversation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4a. **[if no]** Why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4b. **[if yes]** Did you find it helpful? How so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What were some of the topics you discussed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What were some of the barriers they felt they were facing to getting their diabetes in control?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What are his/her goals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Were you able to help him/her come up with a realistic plan?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are they able to follow the plan?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Is there something you would like to discuss in regards to mentoring?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10a. **[if yes]** What is it\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10b. follow-up until all issues raised\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. **[If spoke to mentee 4 or more times]** Would you like to schedule a time to come and pick up your voucher for talking to your mentee 4 or more times?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(We do not send payments by mail)*

Thank you, I will call again next month.

**Begin - 18 Month Survey**

**FOLLOW-UP SURVEY**

* **6 Month Follow-up \_\_\_\_\_\_**
* **12 Month Follow-up \_\_\_\_\_\_\_**
* **18 Month Follow-up \_\_\_\_\_\_\_**

CV1. Date enrolled: / /

CV2. Data entered by: (initials)

CV3. Data checked by: (initials)

CV4.

Poorly Controlled Patient 1

Peer Mentor 2

CV5.

Arm

Usual Care 1

Peer Mentoring 2

FFM 3

**12-month measurements**

TM1. Initial HbA1c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM2. Blood Pressure 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM3. Blood Pressure 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM4. Blood Pressure Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM5. Direct LDL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM6. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM7. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM8. BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM9. Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Health Utility Index** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **Have you been able to see well enough to read ordinary newsprint with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 4.** | | | | |
| 1. **During the past four weeks, have you been able to see at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 6.** | | | | |
| 1. **During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 6.** | | | | |
| 1. **Have you been able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a group conversation with at least three other people with a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 9.** | | | | |
| 1. **During the past four weeks, have you been able to hear at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 11.** | | | | |
| 1. **During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 11.** | | | | |
| 1. **Have you been able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to be understood completely when speaking your own language with people who do not know you?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who do not know you?** | 1 | 0 | 77 | 99 |
| 1. **During the past 4 weeks, have you been able to be understood completely when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **Have you been able to be understood partially when speaking with people who know you well?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 16.** | | | | |
| 1. **During the past four weeks, have you been able to speak at all?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks have you been able to bend, lift, jump and run without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 24.** | | | | |
| 1. **During the past four weeks, have you been able to walk at all?** | 1 | 0 | 77 | 99 |
| **If no, go to question 22.** | | | | |
| 1. **Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to walk?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed a wheelchair to get around the neighborhood?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed the help of another person to get around in the wheelchair?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you had the full use of both hands and ten fingers?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 28.** | | | | |
| 1. **Have you needed the help of another person because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| **If no, go to question 27.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Some tasks** | **Most tasks** | **All tasks** | **Don’t know** | **Refused** |
| 1. **Have you needed the help of another person with: some tasks, most tasks, or all tasks?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?** | 1 | 0 | 77 | 99 |
| 1. **During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?** | 1 | 0 | 77 | 99 |
| **If yes, go to question 31.** | | | | |
| 1. **Have you needed the help of another person to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |
| 1. **Have you needed special equipment or tools to eat, bathe, dress or use the toilet?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy** | **Unhappy** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, have you been feeling happy or unhappy?** | 1 | 2 | 77 | 99 |
| **If Unhappy, go to question 33.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Happy & Interested** | **Somewhat happy** | **Don’t Know** | **Refused** |
| 1. **Would you describe yourself as having felt: happy and interested in life, or somewhat happy?** | 1 | 2 | 77 | 99 |
| **If happy or somewhat happy, go to question 34.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Somewhat unhappy** | **Very unhappy** | **So unhappy that life is not worthwhile** | **Don’t know** | **Refused** |
| 1. **Would you describe yourself as having felt: somewhat unhappy, very unhappy, or so unhappy that life is not worthwhile?** | 1 | 2 | 3 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?** | 1 | 0 | 77 | 99 |
| **If no, go to question 37.** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Rarely** | **Occasionally** | **Often** | **Almost always** | **Don’t know** | **Refused** |
| 1. **How often did you feel fretful, angry, irritable, anxious or depressed?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **During the past four weeks, did you feel extremely fretful, angry, irritable, anxious or depressed, to the point of needing professional help?** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Able to remember most things** | **Somewhat forgetful** | **Very forgetful** | **Unable to remember anything at all** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to remember things, during the past four weeks?** | 1 | 2 | 3 | 4 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Able to think clearly and solve problems** | **Had a little difficulty** | **Had some difficulty** | **Had a great deal of difficulty** | **Unable to think or solve problems** | **Don’t know** | **Refused** |
| 1. **How would you describe your ability to think and solve day to day problems during the past four weeks?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** | **Refused** |
| 1. **Have you had any trouble with pain or discomfort, during the past four weeks?** | 1 | 0 | 77 | 99 |
| If no, go to question 41. | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **A few** | **Some** | **Most** | **All** | **Don’t know** | **Refused** |
| 1. **How many of your activities during the past four weeks were limited by pain or discomfort?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Very good** | **Good** | **Fair** | **Poor** | **Don’t know** | **Refused** |
| 1. **Overall, how would you rate your health during the past week?** | 1 | 2 | 3 | 4 | 5 | 77 | 99 |

As far as you know, do you have any of the following health conditions at the present time?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. **Charlson Morbidity Scale** | | | | |
|  | **Yes** | **No** | **Don’t Know** | **Refuse** |
| **B1. Anemia (low blood) – including sickle cell anemia** | 1 | 0 | 77 | 99 |
| **B2. Asthma, emphysema, or chronic bronchitis** | 1 | 0 | 77 | 99 |
| **B3. Arthritis or rheumatism** | 1 | 0 | 77 | 99 |
| **B4. Back problems (including spine or disk)** | 1 | 0 | 77 | 99 |
| **B5. Cancer, diagnosed in the past 3 years** | 1 | 0 | 77 | 99 |
| **B6. Depression** | 1 | 0 | 77 | 99 |
| **B7. Diabetes** | 1 | 0 | 77 | 99 |
| **B8. Digestive problems (ulcer, colitis, gallbladder disease)** | 1 | 0 | 77 | 99 |
| **B9. High blood pressure** | 1 | 0 | 77 | 99 |
| **B10. HIV illness or AIDS** | 1 | 0 | 77 | 99 |
| **B11. Kidney problems** | 1 | 0 | 77 | 99 |
| **B12. Liver problems (cirrhosis)** | 1 | 0 | 77 | 99 |
| **B13. Stroke** | 1 | 0 | 77 | 99 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. **SF-1 Health Survey** | | | | |
| **C1. In general, would you say your health is…** | | | | |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D. HYPOGLYCEMIC SYMPTOMS** | | | | | | | |
| **DM Symptoms** | | | | | | |  |
|  | **0**  **Times** | **1**  **Time** | **2**  **Times** | **3**  **Times** | **4-6 Times** | **7-12 Times** | **Don’t know** |
| 1. How many times in the **LAST MONTH** have you had a **low blood sugar** (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger or headaches? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| 2. How many times in the **LAST Month** have you had severe **low blood sugar** reactions such as passing out or needing help to treat the reaction? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |
| 3. How many days in the **LAST 3 MONTHS** have you had **high blood sugar** with symptoms such as thirst, dry mouth and skin, less appetite, nausea, or fatigue? | 1 | 2 | 3 | 4 | 5 | 6 | 77 |

E. **Diabetes Distress Scale (DDS-2)**

Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. For the following, please consider the degree to which each of the items may have distressed or bothered you during the past month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not a Problem** | **Minor Problem** | **Moderate Problem** | **Somewhat Serious Problem** | **Serious Problem** |
| **E1. Feeling overwhelmed by the demands of living with diabetes** | 1 | 2 | 3 | 4 | 5 |
| **E2. Feeling that I am often failing with my diabetes regimen** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **F. Patient Health Questionnaire (PHQ2 - Depression)** | | | | |
| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | | | | |
|  | **Not at all** | **Several Days** | **More than half the days** | **Nearly every day** |
| **F1. Little interest or pleasure in doing things** | 0 | 1 | 2 | 3 |
| **F2. Feeling down, depressed, or hopeless** | 0 | 1 | 2 | 3 |

**G. SUPPORT NEEDS, RECEIVED, ATTITUDES (from Diabetes Care Profile)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G1. I want a lot of help and support from my family or friends in:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G1A. Following my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1B. Taking my medicine**. | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1C. Taking care of my feet.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1D. Getting enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1E. Testing my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G1F. Handling my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G2. My family or friends help and support me a lot to:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G2A. Follow my meal plan.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2B.Take my medicine.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2C. Take care of my feet**. | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2D. Get enough physical activity.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2E. Test my sugar.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G2F. Handle my feelings about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **G3. My family or friends:** | | | | | | |
|  | **Strongly disagree** | **Somewhat disagree** | **Neutral** | **Somewhat agree** | **Strongly agree** | **Does not apply** |
| **G3A. Accept me and my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3B.Feel uncomfortable about me because of my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3C. Encourage or reassure me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3D. Discourage or upset me about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3E. Listen to me when I want to talk about my diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |
| **G3F. Nag me about diabetes.** | 1 | 2 | 3 | 4 | 5 | 88 |

**SELF-EFFICACY**

How much do you agree or disagree with each statement? I am able to:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **H. Perceived Confidence in Diabetes Scale** | | | | | | | |
|  | **Not at all True** | **Usually Not True** | **Sometimes but Infrequently True** | **Occasionally True** | **Often True** | **Usually True** | **Very True** |
| **H1. I feel confident in my ability to manage my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H2. I feel capable of handling my diabetes now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H3. I am able to do my own routine diabetes care now.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **H4. I am able to meet the challenges of controlling my diabetes.** | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at all Confident** | **Somewhat Confident** | **Moderately Confident** | **Confident** | **Extremely Confident** |
| **H5. How confident are you in your ability to take your diabetes medications exactly as directed by your doctor?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived DM Control** | | | | | |
|  | **Not Very Well** | **Not Well** | **Neither Not Well or Well** | **Well** | **Very Well** |
| **H6. How well do you think you are managing to control you diabetes?** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Benefits** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **H7. Sticking to my diabetes medication will help prevent diseases (complications) related to diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **H8. Sticking to my diabetes medication will help me control my diabetes.** | 1 | 2 | 3 | 4 | 5 |
| **H9. Sticking to my diabetes medication will help me feel better.** | 1 | 2 | 3 | 4 | 5 |
| **H10. Sticking to my diabetes medication will help me live longer.** | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perceived Barriers** | | | | | |
|  | **Strongly disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly agree** |
| **H11. I have difficulty remembering when to take my diabetes medication.** | 1 | 2 | 3 | 4 | 5 |
| **H12.Family problems make it difficult for me to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **H13. I would have to change too many habits to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |
| **H14. Taking my diabetes medication interferes with my normal daily activities.** | 1 | 2 | 3 | 4 | 5 |
| **H15. I don’t feel motivated to take my diabetes medication regularly.** | 1 | 2 | 3 | 4 | 5 |

**H16. Morisky Medication Adherence (SELF MANAGEMENT BEHAVIOR)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **A. Do you ever forget to take your diabetes medicine?** | 1 | 0 |
| **B. Are you always careful about taking your diabetes medicine?** | 1 | 0 |
| **C. When you feel better do you sometimes stop taking your diabetes medicine?** | 1 | 0 |
| **D. Sometimes if you feel worse when you take the diabetes medicine, do you stop taking it?** | 1 | 0 |

H17. During the past 6 months, did you start using insulin?

H17A. If yes, do you know the name of your insulin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Once a Day in the Morning** | **Once a Day in the Evening** | **Twice a Day** | **Three Times a Day** | **Four or More Times a Day** | **I use an Infusion Pump** |
| **H18. How many times during the day do you usually take your insulin?** | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |  |

H19. How old were you when you started taking insulin?                                                  *years*

H20. Have you taken insulin for as long as you have had diabetes?

|  |  |
| --- | --- |
| **Yes** | 1 |
| **No** | 0 |

1. **SELF-MANAGEMENT (from Summary of Diabetes Self-Care Activities Measure)**

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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0 days** | **1 day** | **2 days** | **3 days** | **4 days** | **5 days** | **6 days** | **7 days** |
| **I1. How many of the last seven days have you followed a healthful eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I2.On average, over the past month, how many days per week have you followed your eating plan?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I3. On how many of the last seven days did you eat five or more servings of fruits and vegetables?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I4. On how many of the last seven days did you eat high fat foods such as red meat or full-fat dairy products?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I5. On how many of the last seven days did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking)** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I6. On how many of the last seven days did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I7. On how many of the last seven days did you test your blood sugar?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I8. On how many of the last seven days did you test your blood sugar the number of times recommended by your health provider?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I9. On how many of the last seven days did you check your feet?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **I10. On how many of the last seven days did you inspect the inside of your shoes?** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

J. The next few questions are about the money you may have spent to improve your diabetes control during the last 6 months. Please answer yes or no to whether you have bought any of the following during the study.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Estimated cost |
| J1. Weight loss program (Weight Watchers, Jenny Craig, Optifast, Nutrasystem, Overeater’s Anonymous, etc.) | 1 | 0 | J1A |
| J2. Vitamins, diet pills, supplements | 1 | 0 | J2A |
| J3. Cookbooks | 1 | 0 | J3A |
| J4. Cooking videos | 1 | 0 | J4A |
| J5. Blender | 1 | 0 | J5A |
| J6. Microwave | 1 | 0 | J6A |
| J7. Steamer | 1 | 0 | J7A |
| J8. Pots and pans for low fat cooking | 1 | 0 | J8A |
| J9. Mixer or food processor | 1 | 0 | J9A |
| J10. Food scale | 1 | 0 | J10A |
| J11. Freezer | 1 | 0 | J11A |
| J12. Wok or electric grill | 1 | 0 | J12A |
| J13. Other food related items (please specify): | 1 | 0 | J13A |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Estimated cost |
| J14. Bicycle | 1 | 0 | J14A |
| J15. Exercise videos (Wii fit, Tae Bo, P90X, etc.) | 1 | 0 | J15A |
| J16. Free weights, dumbbells, hand & ankle weights | 1 | 0 | J16A |
| J17. Home gym | 1 | 0 | J17A |
| J18. Stationary bicycle | 1 | 0 | J18A |
| J19. Rowing or skiing machine, stair stepper | 1 | 0 | J19A |
| J20. Treadmill | 1 | 0 | J20A |
| J21. Sport or water aerobics equipment (basketball, volleyball, tennis racket, etc.) | 1 | 0 | J21A |
| J22. Health or gym club membership | 1 | 0 | J22A |
| J23. Exercise, aerobic, yoga, or dance class | 1 | 0 | J23A |
| J24. Personal trainer | 1 | 0 | J24A |
| J25. Exercise sneakers | 1 | 0 | J25A |
| J26. Exercise clothing (socks, underwear, special shoes, etc.) | 1 | 0 | J26A |
| J27. Other fitness related items (please specify): | 1 | 0 | J27A |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Estimated cost |
| J28. Is there anything else you bought to help you control your diabetes that we haven’t already mentioned? Please specify: | 1 | 0 | J28A |

Now I have some additional questions.

J29. In the past 6 months, how much extra money did you spend on average per week for diabetes friendly foods or extra fruits and vegetables?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J30. In the last 6 months, how much in total have you paid for your diabetes prescriptions (pills, insulin, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J31. In the last 6 months, how much money have you paid for diabetic supplies (strips, lancets, Glucometers, etc.)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J32. In the past 6 months, how much money have you spent on special clothing for exercise (athletic clothing, supportive underwear, special shoes like cleats)?
2. J33. In a normal week, how many hours do you yourself spend shopping for and preparing food for yourself?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J34. In a normal week, how many hours do your spouse, family, and friends spend shopping and preparing food for you?
2. J35, How much time does it take you to travel to your Improving Diabetic Outcomes (IDO research study) visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. J36. Did you visit any of the following doctors/healthcare providers during the study?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | # of visits | Copay |
| J36A. Primary care provider | 1 | 0 | J36A1 | J36A2 |
| J36B. Nurse practitioner | 1 | 0 | J36B1 | J36B2 |
| J36C. Endocrinologist | 1 | 0 | J36C1 | J36C2 |
| J36D. Cardiologist | 1 | 0 | J36D1 | J36D2 |
| J36E. Ophthalmologist | 1 | 0 | J36E1 | J36E2 |
| J36F. Podiatrist | 1 | 0 | J36F1 | J36F2 |
| J36G. Dentist | 1 | 0 | J36G1 | J36G2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | # of visits | Copay |
| J36H. Did you have to visit the emergency room during the last 6 months? | 1 | 0 | J36H1 | J36H2 |
| * 1. If yes, why were you admitted? | J36H3 | | | |
| J36I. Did you have to stay overnight in the hospital during the last 6 months? | 1 | 0 | J36I1 | J36I2 |
| * 1. If yes, why were you admitted? | J36I3 | | | |
| J36J. Did you have any surgeries during the past 6 months? | 1 | 0 | J36J1 | J36J2 |
| * 1. If yes, what was the surgery? | J36J3 | | | |

**End - 18 Month Survey**