



MESSAGE TESTING CARD SORT SCREENER FOR PEOPLE WITH DIABETES

October 7, 2019

To be included on the first page: *Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).*

People with Diabetes Screener

1. Gender

- Male.....CONTINUE
 FemaleCONTINUE

2. What is your age?

- Under 18.....TERMINATE
 18-44.....CONTINUE
 45-64.....CONTINUE
 65 or overCONTINUE

3. Do you, or does any member of your household or immediate family, work as a diabetes educator health care professional (doctor, nurse, pharmacist, dietician, etc.) or in a public health department?

- Yes.....TERMINATE
 NoCONTINUE

4. Do you, or does any member of your household or immediate family, work in a medical office or pharmaceutical company?

- Yes.....TERMINATE
 NoCONTINUE

5. Have you been diagnosed with diabetes by a health care provider?

- Yes.....CONTINUE
 NoTERMINATE
 Do not know/UnsureTERMINATE

6. What type of diabetes have you been diagnosed with??

- Type 1.....CONTINUE
 Type 2CONTINUE
 Gestational.....TERMINATE
 Iatrogenic hyperglycemia/Cancer related.....TERMINATE
 Do not know/UnsureTERMINATE

7. When were you diagnosed with diabetes?

- Less than 2 years ago.....CONTINUE
 More than 2 years ago.....CONTINUE

8. Has a health care provider ever referred you to diabetes education services? I am specifically referring to [INSERT PLAIN LANGUAGE DESCRIPTION HERE].

- YesCONTINUE

- No CONTINUE
- Do not know/Unsure TERMINATE

9. Are you currently working with a diabetes educator to help you manage your diabetes?

- Yes CONTINUE
- No CONTINUE
- Unsure..... TERMINATE

10. In the past 12 months, have you received or participated in diabetes self-management, education, and support services that were provided by a diabetes educator? I am specifically referring to [INSERT DSMES PLAIN LANGUAGE DESCRIPTION HERE].

- Yes CONTINUE
- No CONTINUE
- Do not know/Unsure TERMINATE

11. Have you ever participated in diabetes education to which your health care provider referred you? I am specifically referring to [INSERT DSMES PLAIN LANGUAGE DESCRIPTION HERE].

- Yes CONTINUE
- No CONTINUE
- Do not know/Unsure TERMINATE

12. Approximately how many hours of diabetes education have you participated in?

- Less than 1 hour..... CONTINUE
- 1-5 hours..... CONTINUE
- 6-10 hours..... CONTINUE
- More than 10 hours CONTINUE

13. Have you ever experienced any health problems as a result of having diabetes? For example, these may include eye problems, foot or nerve pain, kidney problems, amputations, or heart problems.

- Yes CONTINUE
- No..... CONTINUE

14. Which of the following best describes the area where you live?

- Urban CONTINUE
- Suburban..... CONTINUE
- Rural..... CONTINUE

15. What is the highest level of education you have completed?

- Less than high school graduate..... CONTINUE
- High school graduate or completed GED..... CONTINUE
- Some college or technical school CONTINUE
- A four-year college degree or higher CONTINUE
- Higher than a 4-year college degree (e.g., Master's degree, PhD) CONTINUE

Other: _____TERMINATE

16. What is your race or ethnic background? Are you ...?

Ethnicity:

- Hispanic or LatinoCONTINUE
- Not Hispanic or LatinoCONTINUE

Race: (select all that apply)

- White.....CONTINUE
- Black or African-AmericanCONTINUE
- American Indian or Alaska NativeCONTINUE
- Native Hawaiian or Other Pacific IslanderCONTINUE
- AsianCONTINUE