FACCT

FOUNDATION FOR ACCOUNTABILITY

Diabetes Care Survey

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Diabetes Care Survey

Mailing Instructions

Before you begin, please answer the question below about having diabetes to be sure the rest of the questionnaire applies to you.

Have you ever been told that you have diabetes by a doctor or nurse?

❒ Yes ➔ (Please proceed to question 1)

❒ No ➔ (Please STOP and return this survey)

Thank you for your help with this survey on diabetes care!

Before asking you specifically about your diabetes, we would like to ask you questions about your general health.

1. *In general*, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
❒	❒	❒	❒	❒

2. Compared to one year ago, how would you rate your health in general now?

- ❒ Much better than one year ago
- ❒ Somewhat better than one year ago
- ❒ About the same as one year ago
- ❒ Somewhat worse than one year ago
- ❒ Much worse now than one year ago

3. The following items are about activities you might do during a typical day. Does your health *now* limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	❒	❒	❒
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	❒	❒	❒
c) Lifting or carrying groceries	❒	❒	❒
d) Climbing several flights of stairs	❒	❒	❒
e) Climbing one flight of stairs	❒	❒	❒
f) Bending, kneeling, or stooping	❒	❒	❒
g) Walking more than a mile	❒	❒	❒
h) Walking several blocks	❒	❒	❒
i) Walking one block	❒	❒	❒
j) Bathing or dressing yourself	❒	❒	❒

4. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities *as a result of your physical health*?

Mark yes or no for each

	Yes	No
a) Cut down the amount of time you spent on work or other activities	❒	❒
b) Accomplished less than you would like	❒	❒
c) Were limited in the kind of work or other activities	❒	❒
d) Had difficulty performing the work or other activities (for example, it took more effort)	❒	❒

5. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

Mark yes or no for each

	Yes	No
a) Cut down the amount of time you spent on work or other activities	❒	❒
b) Accomplished less than you would like	❒	❒
c) Didn't do work or other activities as carefully as usual	❒	❒

6. During the *past 4 weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	A little bit	Moderately	Quite a bit	Extremely
❒	❒	❒	❒	❒

7. How much *bodily* pain have you had during the *past 4 weeks*?

None	Very mild	Mild	Moderate	Severe	Very severe
❒	❒	❒	❒	❒	❒

8. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
❒	❒	❒	❒	❒

9. These questions are about how you feel and how things have been with you during the *past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of pep	❒	❒	❒	❒	❒	❒
b) Have you been a very nervous person	❒	❒	❒	❒	❒	❒
c) Have you felt so down in the dumps that nothing could cheer you up	❒	❒	❒	❒	❒	❒
d) Have you felt calm and peaceful	❒	❒	❒	❒	❒	❒
e) Did you have a lot of energy	❒	❒	❒	❒	❒	❒
f) Have you felt downhearted and blue	❒	❒	❒	❒	❒	❒
g) Did you feel worn out	❒	❒	❒	❒	❒	❒
h) Have you been a happy person	❒	❒	❒	❒	❒	❒
i) Did you feel tired	❒	❒	❒	❒	❒	❒

10. During the *past 4 weeks*, how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
❒	❒	❒	❒	❒

11. How TRUE or FALSE is *each* of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	❒	❒	❒	❒	❒
b) I am as healthy as anybody I know	❒	❒	❒	❒	❒
c) I expect my health to get worse	❒	❒	❒	❒	❒
d) My health is excellent	❒	❒	❒	❒	❒

12. Now thinking about your physical health, which includes physical illness and injury, for how many days during the *past 30 days* was your physical health not good?

(*Enter number of days here*) _____

13. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the *past 30 days* was your mental health not good?

(*Enter number of days here*) _____

14. During the *past 30 days,* for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(*Enter number of days here*) _____

These next questions ask about experiences you may have had with your diabetes. . .

15. How long have you had diabetes?

(*Enter number of years here*) _____

16. Were you told that you had diabetes within the past year?

Yes ❒ No ❒ Don't know ❒

17. Are you taking medication for your diabetes?

Mark one

- ❒ Yes, pills only
- ❒ Yes, insulin only
- ❒ Yes, both pills and insulin
- ❒ No, I manage on diet and exercise only

18. During the *last 4 weeks*, how many times have you. . .

Checked your blood for sugar
(*Enter number of times here*) _____

Checked your urine for sugar
(*Enter number of times here*) _____

19a. Have you ever smoked at least 100 cigarettes in your entire life?

- ❒ Yes ➔ Continue to Q19b
- ❒ No ➔ Skip to Q21
- ❒ Don't know ➔ Skip to Q21

19b. Do you now smoke every day, some days or not at all?

- ❒ Every day ➔ Skip to Q20
- ❒ Some days ➔ Skip to Q20
- ❒ Not at all ➔ Continue to Q19c
- ❒ Don't know ➔ Skip to Q21

19c. How long has it been since you quit smoking cigarettes?

- ❒ Less than 12 months ➔ Continue to Q20
- ❒ 12 months or more ➔ Skip to Q21
- ❒ Don't know ➔ Skip to Q21

20. In the *last 12 months*, on how many visits were you advised to quit smoking by a doctor or health provider in your plan?

None ❒ 1 visit ❒ 2-4 visits ❒ 5-9 visits ❒ 10 or more visits ❒

These next questions are about the care you get from doctors and health providers for your diabetes.

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

21. Has your doctor or other health provider ever watched you test your blood sugar to check that you are doing it correctly?

- ❒ Yes
- ❒ No
- ❒ I do not test my blood sugar

22. During the *last 12 months,* did the doctor you see for your diabetes. . .

Check one box for a-b

	Yes, more than once	Yes, at least once	No, and I saw the doctor	No, but I didn't see the doctor
a) Ask you about numbness or tingling in your feet	❒	❒	❒	❒
b) Take your shoes and socks off and check your feet	❒	❒	❒	❒
c) Recommend that you see a dietitian or nutritionist	❒	❒	❒	❒

23. When was the last time an eye specialist put drops in your eyes to dilate or enlarge your pupils?

- ❒ Never
- ❒ Within the last two years
- ❒ More than two years ago

24. Has a doctor or other health provider explained or shown to you:

	Yes, and I understand completely	Yes, and I understand pretty well	Yes, but I am still confused	No, never
a) How to care for your feet	❒	❒	❒	❒
b) How to take your medications	❒	❒	❒	❒
c) What to do for symptoms of low blood sugar	❒	❒	❒	❒
d) How to make appropriate food choices	❒	❒	❒	❒
e) How and when to test your blood sugar	❒	❒	❒	❒
f) What the complications of diabetes are	❒	❒	❒	❒
g) How to exercise appropriately	❒	❒	❒	❒

25. On average, over the *last 4 weeks*, how much of a problem or hassle has each of the following been:

	A major hassle	A hassle	So-so	A minor hassle	No problem	I don't do this
a) Remembering to take your diabetes pills or insulin	❒	❒	❒	❒	❒	❒
b) Remembering to test your blood for sugar	❒	❒	❒	❒	❒	❒
c) Making meal plans	❒	❒	❒	❒	❒	❒
d) Avoiding or limiting foods you enjoy	❒	❒	❒	❒	❒	❒
e) Having to keep your schedule (eating, drugs, exercise) in mind at all times	❒	❒	❒	❒	❒	❒
f) Organizing your daily routine around the things you do to take care of your diabetes	❒	❒	❒	❒	❒	❒
g) Total time spent managing diabetes (including monitoring blood sugar)	❒	❒	❒	❒	❒	❒

26. Over the *last 12 months*, how *often* have you been able to do each of the following *exactly* as the doctor who takes care of your diabetes suggested?

	Never	Sometimes	Usually	Always	Does not apply to me
a) Taking medications as prescribed	❒	❒	❒	❒	❒
b) Exercising regularly	❒	❒	❒	❒	❒
c) Following your diet	❒	❒	❒	❒	❒
d) Getting your blood pressure checked regularly	❒	❒	❒	❒	❒
e) Checking your feet for wounds or sores	❒	❒	❒	❒	❒

27. *Overall*, how helpful has the education and support you get from your *current* doctors or health providers been to you in the following areas:

	Very helpful	Helpful	Neutral	Not too helpful	Not helpful at all
a) Making clear the specific goals *for* treating *your diabetes*	❒	❒	❒	❒	❒
b) Helping you to understand what you need to do *for your diabetes*	❒	❒	❒	❒	❒
c) Helping you to understand how to care for your diabetes	❒	❒	❒	❒	❒
d) Keeping you motivated to do the things you need to do *for your diabetes*	❒	❒	❒	❒	❒

28. How often do the doctors or other health providers *who take care of your diabetes. . .*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Offer you choices in your medical care	❒	❒	❒	❒	❒
b) Discuss the pros and cons of each choice with you	❒	❒	❒	❒	❒
c) Get you to state which choice or option you would prefer	❒	❒	❒	❒	❒
d) Take your preferences into account when making treatment decisions	❒	❒	❒	❒	❒

29. How are the doctors or other health providers *who take care of your diabetes* at. . .

	Excellent	Very Good	Good	Fair	Poor
a) Showing interest in you as a person	❒	❒	❒	❒	❒
b) Telling you everything; not keeping things from you that you should know	❒	❒	❒	❒	❒
c) Letting you know test results when promised	❒	❒	❒	❒	❒
d) Explaining treatment alternatives; including you in treatment decisions	❒	❒	❒	❒	❒
e) Explaining side effects of medications	❒	❒	❒	❒	❒
f) Letting you tell your story (listening carefully, not interrupting)	❒	❒	❒	❒	❒
g) Telling you what to expect from your disease or treatment	❒	❒	❒	❒	❒

30. In the *last 12 months*, how often did you get an appointment for regular or routine care for your diabetes as soon as you wanted?

Never	Sometimes	Usually	Always	I didn't need an appointment for regular or routine care for my diabetes in the *last 12 months*
❒	❒	❒	❒	❒

31. In the *last 12 months*, how often did you wait in the doctor's office or clinic *more than 15 minutes* past your appointment time to see the person you went to see for your diabetes?

Never	Sometimes	Usually	Always	I had no visits in the *last 12 months* for my diabetes
❒	❒	❒	❒	❒

32. In the *last 12 months*, when you called during regular office hours, how often did you get the help or advice you needed for your diabetes?

Never	Sometimes	Usually	Always	I didn't call for help or advice for my diabetes problem during regular office hours in the *last 12 months*
❒	❒	❒	❒	❒

33. In the *last 12 months*, when you needed care right away for your diabetes how often did you get care as soon as you wanted?

Never	Sometimes	Usually	Always	I didn't need care right away for my diabetes in the *last 12 months*
❒	❒	❒	❒	❒

34. In the *last 12 months,* how much of a problem, if any, was it to get a *referral* to a *specialist that you needed to see for your diabetes?*

A big problem	A small problem	Not a problem	I didn't need a *referral* to see a specialist for my diabetes in the *last 12 months*
❒	❒	❒	❒

35. In the *last 12 months,* did you see a specialist *for your diabetes?*

Yes	No
❒	❒

36. We want to know your rating of the doctor or other health provider you saw most often *for your diabetes* in the *last 12 months*. Use any number from 0 to 10 where 0 is the worst doctor or health provider possible, and 10 is the best doctor or health provider possible.

How would you rate the doctor or other health provider?

0	1	2	3	4	5	6	7	8	9	10
Worst doctor/ provider possible										Best doctor/ provider possible

❒ I didn't see a doctor or other health provider for my diabetes in the *last 12 months.*

These next two questions ask about your health care and health plan in general.

37. We want to know your rating of *all your health care* in the *last 12 months* from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible.

How would you rate all your health care?

0	1	2	3	4	5	6	7	8	9	10
Worst health care possible										Best health care possible

❒ I had no visits in the *last 12 months*

38. We want to know your rating of all your experiences with *your health plan.* Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible.

How would you rate your health plan now?

0	1	2	3	4	5	6	7	8	9	10
Worst health plan possible										Best health plan possible

The following questions ask general information about you. They are intended to help us understand how well health plans and doctors provide care to people like you.

39. Are you:

- ❒ Female
- ❒ Male

40. What year were you born? 19_____

41. Which of the following best describes your racial background?

- ❒ American Indian or Alaska Native
- ❒ Asian
- ❒ Black or African American
- ❒ Native Hawaiian or other Pacific Islander
- ❒ White

42. Which of the following best describes your ethnic background?

- ❒ Spanish, Hispanic or Latino
- ❒ Not Hispanic or Latino

43. Which of the following best describes your current marital status?

- ❒ Married
- ❒ Member of an unmarried couple
- ❒ Widowed
- ❒ Separated
- ❒ Divorced
- ❒ Never married

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

- ❒ Never Attended
- ❒ Grades 1-8
- ❒ Grades 9-11
- ❒ High School Graduate or GED
- ❒ College 1-3 years
- ❒ College Graduate (4 or more years)

45. Are you currently:

- ❒ Employed for wages
- ❒ Self-employed
- ❒ Homemaker
- ❒ Student
- ❒ Don't know
- ❒ Out of work for more than one year
- ❒ Out of work for less than one year
- ❒ Retired
- ❒ Unable to work

46. What was your family's total household income last year, before taxes and other deductions?

- ❒ Less than $10,000
- ❒ $10,000 to $19,999
- ❒ $20,000 to $34,999
- ❒ $35,000 to $49,999
- ❒ $50,000 or more
- ❒ Don't know/not sure
- ❒ Decline

47. Has a doctor *ever* told you that you had . . .

Mark yes or no for each

	Yes	No
a) High blood pressure (hypertension)	❒	❒
b) High cholesterol (too much fat in the blood)	❒	❒
c) Chronic back pain	❒	❒
d) Sciatica (pain or numbness that travels down your leg to below the knee)	❒	❒
e) Arthritis (rheumatism)	❒	❒
f) Kidney disease	❒	❒
g) Chronic lung disease (asthma, emphysema, chronic bronchitis, COPD)	❒	❒
h) Heart failure	❒	❒
i) Heart attack	❒	❒
j) Angina (chest pain or chest tightness)	❒	❒
k) Stroke	❒	❒
l) Chrohns disease (ulcerative colitis or inflammatory bowel disease)	❒	❒
m) Cancer (other than skin cancer)	❒	❒

YOU'RE DONE!!
Thank you for completing the survey.
You have helped to make a difference

Please return the completed survey in the envelope provided.