

Round 2 Short Written Patient Survey

Directions

Please read each question carefully and place an "X" in the box that most closely reflects your experience. Please use the enclosed pen. Depending on your answers, you might be asked to skip some of the questions on this survey.

Example:

How important are my answers to this study?

- Extremely important
 Somewhat important
 Important

Start Survey

1. If female, are you currently pregnant?

- No
 Yes **(If yes, this survey is complete. Please return in the envelope provided.)**
 Unsure **(If unsure, this survey is complete. Please return in the envelope provided.)**

2. Is <HP> still your health insurance plan?

- No → **Go to question 3**
 Yes

2a. Is this your main health insurance plan? Your main health insurance plan is the one that you use for most or all of your health care.

- No
 Yes → **Go to question 6**

3. What is the name of your main health insurance plan?

NAME: _____

4. In what month and year was your most recent health plan insurance change?

Month: _____ Year: _____
__ **Go to question 5**

4a. If you cannot remember the month and year, was it more than 6 months ago or less than 6 months ago?

- More than 6 months ago
 Less than 6 months ago
 Not sure

5. What were the reasons you changed health plans?

Please check all that apply.

- My employer stopped offering this plan
 My doctor left this plan
 Unhappy with benefits/Coverage
 Too difficult to get care
 I moved
 I changed jobs
 Other (specify) _____

6. What is your birth date?

____ - ____ - ____
MM - DD - YYYY

7. How much do you weigh without clothes?

_____ pounds

***National Center for Health Statistics. [Health, United States, 2000](#). Hyattsville, Maryland: Public Health Service. 2000.**

Round 2 Short Written Patient Survey

8. How do you currently manage or control your diabetes?
Please check all that apply.
- ₁ Diet and/or exercise
 - ₂ Oral medications
 - ₃ Insulin injection
 - ₄ Insulin pump
 - ₅ Other _____
9. **If you use insulin injections**, how many times per day do you usually take your insulin?
- ₁ Once a day
 - ₂ Twice a day
 - ₃ Three times a day
 - ₄ Four or more times a day
- 10.₁₁. Do you test your blood sugar levels at home?
- ₀ No ___ *Go to question 14*
 - ₁ Yes
- 11.₁₂. How many **days a week** do you test your blood sugar?
Please choose one.
- ₁ ₂ ₃ ₄
 - ₅ ₆ ₇
- 12.₁₃. When you test your blood sugar level, how many **times per day** do you usually test?
- ₁ ₂ ₃ ₄ or more
- 13.₁₄. During the past year, how often did your doctor or some other health care professional review your home blood or urine sugar test results?
- ₁ Every visit
 - ₂ Most of the visits
 - ₃ At least one of the visits
 - ₄ None of the visits
 - ₈ Not sure
- 14.₁₅. When was the last time you had an eye exam in which your pupils were dilated? This means that drops, making you temporarily sensitive to bright light, were put into your eyes.
- ₁ During the past 12 months
 - ₂ More than a year but less than 2 years
 - ₃ More than 2 years
 - ₄ Never
 - ₈ Not sure
- 15.₁₆. During the past year, how often did your doctor or some other health care professional examine your feet with your socks off?
- ₁ Every visit
 - ₂ Most of the visits
 - ₃ At least one of the visits
 - ₄ None of the visits
 - ₈ Not sure
- 16.₁₈. Has your doctor or some other health care professional told you to take aspirin regularly to lower your risk of developing heart disease or stroke?
- ₀ No
 - ₁ Yes
 - ₈ Not sure
- 17.₁₉. Are you taking aspirin regularly (at least 3 days per week)?
- ₀ No
 - ₁ Yes
- 18.₂₀. Did you get a flu shot during the past 12 months?
- ₀ No
 - ₁ Yes

Round 2 Short Written Patient Survey

19₂₁. In the past year, have you smoked cigarettes every day, some days, or not at all?

- ₁ Every day
₂ Some days
₃ Not at all ___ Go to question 21

20₂₂. Were you advised by a doctor or other health care provider to quit?

- ₀ No
₁ Yes

21₂₇. Since you completed the first survey, approximately 18 months ago, have you been hospitalized? (Does not include Emergency Room visits where you were not admitted to Hospital.)

- ₀ No ___ Go to question 22
₁ Yes
₈ Not sure ___ Go to question 22

21a_{27a}. How many times were you hospitalized? _____

22₂₈. In the past 18 months, have you been told by a doctor or someone in your doctor's office that you have high cholesterol or triglycerides or elevated lipids (fatty substance in the blood)?

- ₀ No
₁ Yes

23₂₉. In the past 18 months, have you been told by a doctor or someone in your doctor's office that you have had a heart attack, a "coronary" or a myocardial infarction?

- ₀ No
₁ Yes

24₃₀. In the past 18 months, have you

been told by a doctor or someone in your doctor's office that you have had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or a transient ischemic attack or "mini-stroke"?

- ₀ No
₁ Yes

25₃₁. In the past 18 months, have you had any of the following procedures done:

A. Angioplasty or balloon or bypass to unclog arteries to **your heart**?

- ₀ No
₁ Yes
₈ Not sure

B. Angioplasty or balloon or bypass to unclog arteries to **your leg**?

- ₀ No
₁ Yes
₈ Not sure

C. Angioplasty or balloon or bypass to unclog arteries to **your brain**?

- ₀ No
₁ Yes
₈ Not sure

D. A toe, foot or leg amputation?

- ₀ No
₁ Yes
₈ Not sure

26₃₂. Have you ever had kidney failure that required either dialysis or a kidney transplant?

- ₀ No ___ Go to question 28
₁ Yes

Round 2 Short Written Patient Survey

27₃₃. Which treatments have you required?

27a_{33a}. Dialysis?

- No
- Yes

Please enter approximate date of first dialysis:

____ - ____ - ____
MM DD YYYY

27b_{33b}. Kidney Transplant?

- No
- Yes

Please enter approximate date of first kidney transplant:

____ - ____ - ____
MM DD YYYY

28₃₅. Have you ever received treatment for depression, either medication or psychological counseling?

- No
- Yes

29₃₆. During the PAST 4 WEEKS, how often have you experienced the following:

A. Dry mouth?

- All of the time
- Most of the time
- Some of the time
- Little of the time
- None of the time

B. Having to get up at night to urinate?

- All of the time
- Most of the time
- Some of the time
- Little of the time
- None of the time

C. Excessive thirst?

- All of the time
- Most of the time
- Some of the time
- Little of the time
- None of the time

D. Blurred or double vision?

- All of the time
- Most of the time
- Some of the time
- Little of the time
- None of the time

E. Decreased ability to feel hot or cold with your hands or feet?

- All of the time
- Most of the time
- Some of the time
- Little of the time
- None of the time

Question #30 was obtained from the SF-12@HealthSurvey – <http://www.sf-36.org/copyright.shtml>. Permissions obtained at: Quality Metric, 640 George Washington Highway, Suite 201, Lincoln, RI 02865, Telephone: 401-334-8800 or email at license@qualitymetric.com

The next questions are about the type of health care professionals you see and the quality of medical service you receive from your health plan.

Round 2 Short Written Patient Survey

31₄₁. In the past 18 months, did you get a *new* personal doctor? A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

- No ___ Go to question 34
 Yes
 I don't have a personal doctor ___ Go to question 35

**US Agency for Healthcare Research and Quality. CAHPS Health Plan Survey 4.0: Child Medicaid Questionnaire. Washington, DC: August 2007.*

32₄₃. What is your new personal doctor's name?

33₄₇. Would you say the person you go to for your diabetes care is:

- A family practice physician
 An internal medicine physician
 An endocrinologist or diabetes specialist
 Another type of physician
 A nurse or physician's assistant (CDE, Diabetes Educator, or Nurse Practitioner)
 Unsure

**US Agency for Healthcare Research and Quality. CAHPS Health Plan Survey 4.0: Child Medicaid Questionnaire. Washington, DC: August 2007.*

34₄₉. When you go to see your personal doctor, how often do you have to see someone else because your personal doctor isn't available?

- All of the time
 Most of the time
 Some of the time
 A little of the time
 Never, I always get to see my personal doctor

35₆₆. Which of the following four activity classes best describes your present activity outside of your job or normal daily activities? Please consider transportation to and from work, school, or shopping; sporting activities; and other physical effort during your leisure time.

- No physical activity weekly
 Only light physical activity in most weeks
 Vigorous physical activity for at least 20 minutes once or twice a week.
(Vigorous activity causes shortness of breath, a rapid heart rate, and/or sweating)
 Vigorous physical activity for at least 20 minutes three or more times per week.

36₆₇. Approximately how many minutes per day do you spend walking?

- 0-9 minutes
 10-19 minutes
 20-29 minutes
 30-39 minutes
 40 or more minutes
 Don't know

37₇₄. Please read the following statements and select the answer that comes closest to describing how you feel with each statement.

- A. I feel it is impossible for me to reach the goals that I would like to strive for.
- Agree strongly
 Agree somewhat
 Disagree somewhat
 Disagree strongly

Round 2 Short Written Patient Survey

B. The future seems hopeless to me and I can't believe that things are changing for the better.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly

C. Sometimes it is a problem to cover my share of the cost for a medical visit.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly

D. Sometimes I go without the medical care I need because it is too expensive.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly

38₇₅. Some people have more than one type of insurance. Do you have any of the following types of health insurance? **Please check all that apply:**

- 1 No, I do not have any other type of health insurance
___ Go to question 39
- 2 Other private health insurance
- 3 Regular Medicare
- 4 Supplemental Medicare
- 5 Medicaid
- 6 Veterans Administration (VA)
- 7 Other: _____
- 8 Don't know

Now we would like to ask you some questions about yourself. It is very important that this study represent the views of all people. Some of the questions that follow do not directly address your diabetes care. We are asking these questions in order to learn whether people from different backgrounds receive the same quality of medical care. For this reason, we need to know the answers to the following questions. Please remember that all of your answers are completely confidential.

39₈₁. When you were 12 years old, if you lived with your father, stepfather, or another man who helped to raise you, what was the highest grade of school or year of college he completed?

- 0 Did not live with a male adult when I was 12 years old.
- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Trade school
- 5 Some college or 2-year college degree
- 6 4-year college graduate
- 7 More than 4-year college graduate
- 8 Don't know

Round 2 Short Written Patient Survey

40₈₂. When you were 12 years old, if you lived with your mother, stepmother, or another woman who helped to raise you, what was the highest grade of school or year of college she completed?

- 0 Did not live with a female adult when I was 12 years old.
- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Trade school
- 5 Some college or 2-year college degree
- 6 4-year college graduate
- 7 More than 4-year college graduate
- 8 Don't know

41₈₃. Which of the following best describes your current employment situation?

- 1 Self-employed
- 2 Employed by others for wages
- 3 Retired ___ Go to question 44
- 4 Homemaker ___ Go to question 44
- 5 Student ___ Go to question 44
- 6 Not employed due to poor health ___ Go to question 44
- 7 Not employed for other reasons ___ Go to question 44

42₈₄. About how many hours do you work for pay in an AVERAGE WEEK on all of your jobs combined?

_____ Hours

43₈₅. What kind of work do you do? (For

example, a car dealer, accountant, printer)

Enter name of occupation:

1 Never held job for wages

44₉₀. What is your current marital or domestic status?

- 1 Married
- 2 Living with someone as a couple, but not married
- 3 Divorced or separated ___ Go to question 48
- 4 Widowed ___ Go to question 48
- 5 Never married ___ Go to question 48

45₉₁. What was the highest grade of school or year of college completed by your spouse or domestic partner?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Trade school
- 5 Some college or 2-year college degree
- 6 4-year college graduate
- 7 More than 4-year college graduate
- 8 Don't know

46₉₂. Which of the following best describes your spouse or domestic partner's

Round 2 Short Written Patient Survey

current employment situation?

- ¹ Self-employed
- ² Employed by others for wages
- ³ Retired ___ *Go to question 48*
- ⁴ Homemaker ___ *Go to question 48*
- ⁵ Student ___ *Go to question 48*
- ⁶ Not employed due to poor health
 ___ *Go to question 48*
- ⁷ Not employed for other reasons
 ___ *Go to question 48*
- ⁸ Don't know ___ *Go to question 48*

year. Annual household income includes all before-tax wages and other earnings, interest and rental income, retirement income, government assistance programs (disability, welfare, etc.), pensions, child support, alimony, etc.

- ¹⁴ Less than \$15,000
- ¹⁵ \$15,000 to under \$40,000
- ¹⁶ \$40,000 to under \$75,000
- ¹⁷ \$75,000 and above

47.⁹³ What kind of work does your spouse or domestic partner do?

Enter name of occupation:

- ¹ Never held job for wages
- ⁸ Don't know

48.⁹⁶ Including yourself, how many people live in your household? _____

49.¹⁰⁰ Which country were you born in?

- USA
- Other, please specify:

If you checked USA, please go to question 51.

50.¹⁰¹ How long have you been living in the U.S.? _____ years

51.¹⁰³ Please indicate which income category best describes your total household income, before taxes last

**PLEASE BE SURE TO COMPLETE THE NEXT PAGE ➡
Thank You for Completing This Survey!**

Round 2 Short Written Patient Survey

Once again we want to tell you how much we appreciate your participation in this study. We have learned a lot from people like you about living with diabetes. In fact, we hope that we can continue the TRIAD Study. If we are able to continue this study, may we contact you again in the future? It would not be for at least another two years.

Yes No

If yes...

In case you move or change your phone number, would you please give us the name and phone number of a person who is likely to know where you are?

Name: _____

Relationship: _____

Address: _____

Phone number: _____