

Health Care Questionnaire



As you know, you and your health plan have been participating with the Centers for Disease Control and Prevention (CDC) in a national study, called TRIAD, for the past five years. This study is designed to improve the quality of health care being delivered to persons with diabetes. We thank you for your past participation. Your responses, along with approximately 12,000 other participants made up of a wide cross-section of the United States population, allowed us to learn about the quality of care being delivered to people with diabetes.

Recently, the CDC funded the TRIAD study again for another five years. This study continues the objectives and expands the project to examine changes in quality of care during the past years. In addition, we can potentially identify interventions to help people at high risk for diabetes to take the right steps to prevent the disease.

We ask for your continued participation. There are no right or wrong answers. We are interested in **your experiences**, so please answer each question honestly. **All answers you give will be kept private** because the study has been given a Certificate of Confidentiality. This means anything you tell us will not have to be given out to anyone, unless you say it is ok. When you complete the survey, please return it in the enclosed self-addressed stamped envelope.

Directions

Please read each question carefully and place an “X” in the box that most closely reflects your experience. Depending on your answers, you might be asked to explain further, or 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

1. Since March 1, 2002, have you had a heart attack, myocardial infarction (“MI”) or “coronary”?
- 0 No → SKIP TO question 2
 - 1 Yes

1A. If “yes,” were you admitted to a hospital for this heart problem?

- 0 No → SKIP TO question 2
- 1 Yes

Please list the hospital name, city, state, and admission date (including the year) for each hospitalization below. If you had more than three hospitalizations, please write the information on an additional piece of paper and return with the survey.

1st Admission: Hospital Name _____

City _____ State _____ Admit date $\frac{\text{MM}}{\text{MM}} - \frac{\text{DD}}{\text{DD}} - \frac{\text{YYYY}}{\text{YYYY}}$

2nd Admission: Hospital Name _____

City _____ State _____ Admit date $\frac{\text{MM}}{\text{MM}} - \frac{\text{DD}}{\text{DD}} - \frac{\text{YYYY}}{\text{YYYY}}$

3rd Admission: Hospital Name _____

City _____ State _____ Admit date $\frac{\text{MM}}{\text{MM}} - \frac{\text{DD}}{\text{DD}} - \frac{\text{YYYY}}{\text{YYYY}}$

2. Since March 1, 2002, have you had a stroke or “mini-stroke”? These are also called cerebrovascular accidents (“CVA”), blood clots in the brain, or transient ischemic attacks (“TIA”).
- 0 No → SKIP TO question 3
 - 1 Yes

2A. If “yes,” were you admitted to a hospital for this problem?

- 0 No → SKIP TO question 3
- 1 Yes

Please list the hospital name, city, state, and admission date (including the year) for each hospitalization below. If you had more than three hospitalizations, please write the information on an additional piece of paper and return with the survey.

1st Admission: Hospital Name _____

City _____ State _____ Admit date $\frac{\text{MM}}{\text{MM}} - \frac{\text{DD}}{\text{DD}} - \frac{\text{YYYY}}{\text{YYYY}}$

2nd Admission: Hospital Name _____

City _____ State _____ Admit date $\frac{\text{MM}}{\text{MM}} - \frac{\text{DD}}{\text{DD}} - \frac{\text{YYYY}}{\text{YYYY}}$

3rd Admission: Hospital Name _____

City _____ State _____ Admit date $\frac{\text{MM}}{\text{MM}} - \frac{\text{DD}}{\text{DD}} - \frac{\text{YYYY}}{\text{YYYY}}$

3. Since March 1, 2002, have you had any of the following procedures done?

	<u>Yes</u>	<u>No</u>	<u>Unsure</u>
a. Angioplasty or stent or balloon or bypass to unclog arteries to your heart ?	1	0	8
b. A toe, foot or leg amputation?	1	0	8
c. Angioplasty or stent or balloon or bypass to unclog arteries to your brain ?	1	0	8

4. Since March 1, 2002, have you had kidney failure that required either dialysis or a kidney transplant?

- 0 No → SKIP TO question 7
- 1 Yes

5. Which treatments have you required?

a. Dialysis?

0 No

1 Yes

Approximate date of first dialysis: - -
MM DD YYYY

b. Kidney Transplant?

0 No

1 Yes

Please enter date of transplant: - -
MM DD YYYY

6. Has a doctor told you that the kidney failure was caused by your diabetes?

0 No

1 Yes

3 I am unable to perform my usual activities

7₆₇. 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. If this study continues, would it be all right to contact you again in the future?

0 No

1 Yes

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

Name: _____
(First name) (Last Name)

Relationship: _____

Address: _____

Phone number: _____

Thank You!