

# Health Care Questionnaire



As you know, \_\_\_\_\_ (Name of Health Plan) \_\_\_\_\_ has been participating with the Centers for Disease Control and Prevention (CDC) in a national study, called TRIAD, or 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 a new five-year TRIAD study. This new study continues the objectives and expands the project to examine changes in quality of care during the past five 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 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.** This is so 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, even if a court orders us to do so, 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

### Written Version of TRIAD Round 3 Cohort Survey

1. Since March 1, 2002, have you had a heart attack, myocardial infarction ("MI") or "coronary"?

- No → SKIP TO question 2
- Yes

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

- No → SKIP TO question 2
- Yes

If "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:

1<sup>st</sup> Admission: Hospital Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Admit date MM - DD - YYYY

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2<sup>nd</sup> Admission: Hospital Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Admit date MM - DD - YYYY

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3<sup>rd</sup> Admission: Hospital Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Admit date MM - DD - 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").

- No → SKIP TO question 3
- Yes

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

- No → SKIP TO question 3
- Yes

If "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:

1<sup>st</sup> Admission: Hospital Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Admit date MM - DD - YYYY

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2<sup>nd</sup> Admission: Hospital Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Admit date MM - DD - YYYY

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3<sup>rd</sup> Admission: Hospital Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Admit date MM - DD - 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 <b>your heart</b> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A toe, foot or leg amputation?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angioplasty or stent or balloon or bypass to unclog arteries to <b>your brain</b> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- No → SKIP TO question 7
- Yes

5. Which treatments have you required?

a. Dialysis?

No

Yes **Approximate date of first dialysis:**      -      -       
MM DD YYYY

b. Kidney Transplant?

No

Yes **Please enter date of transplant:**      -      -       
MM DD YYYY

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

No

Yes

**THE FOLLOWING QUESTIONS ASK ABOUT YOUR PHYSICAL ACTIVITIES.**

7. What is your weight without clothes? \_\_\_\_\_ (in pounds)

DON'T KNOW

REFUSE

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

8. Which of the following four activity classes best describes your present activity outside of your job or normal daily activities? **NOTE:** When answering, 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 physical activity for at least 20 minutes three or more times per week

DON'T KNOW

REFUSE

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

- 1 0 – 9 minutes
- 2 10 – 19 minutes
- 3 20 – 29 minutes
- 4 30 – 39 minutes
- 5 40 or more minutes
- 7 Not applicable – unable to walk
- 8 DON'T KNOW
- 9 REFUSE

10. In general, would you say your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

**THE FOLLOWING QUESTIONS FOCUS ON HOW YOU WOULD DESCRIBE YOUR HEALTH TODAY. PLEASE CHECK THE BOX THAT COMES CLOSEST TO YOUR HEALTH TODAY.**

11. Thinking about your mobility, would you say that today:

- 1 I have no problems in walking about
- 2 I have some problems in walking about, or
- 3 I am confined to bed

12. How about self-care? Would you say that today:

- 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself, or
- 3 I am unable to wash or dress myself

13. How about your usual activities (such as your job, study, housework, family, or leisure activities)? Would you say that today:

- 1 I have no problems performing my usual activities
- 2 I have some problems performing my usual activities, or
- 3 I am unable to perform my usual activities

14. How about pain or discomfort? Would you say that today:

- I have no pain or discomfort
- I have moderate pain or discomfort, or
- I have extreme pain or discomfort

15. How about anxiety or depression? Would you say that today:

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**NEXT FEW QUESTIONS ARE ABOUT DIFFERENT ACTIVITIES AND ANY TROUBLE YOU MIGHT HAVE WITH THEM. PLEASE CHECK THE APPROPRIATE BOX FOR YOUR RESPONSE: IF YOU NEED NO HELP, YOU NEED SOME HELP, OR YOU ARE UNABLE TO DO THE ACTIVITY AT ALL.**

16. Using the telephone

- I need no help
- I need some help
- I am unable to do at all

17. Getting to places beyond walking distance

- I need no help
- I need some help
- I am unable to do at all

18. Grocery shopping

- I need no help
- I need some help
- I am unable to do at all

19. Preparing meals

- I need no help
- I need some help
- I am unable to do at all

20. Doing housework or handyman work

- I need no help
- I need some help
- I am unable to do at all

21. Doing laundry

- I need no help
- I need some help
- I am unable to do at all

22. Taking medications

- I need no help
- I need some help
- I am unable to do at all

23. Managing money

- I need no help
- I need some help
- I am unable to do at all

**THE NEXT QUESTIONS ARE ABOUT DEPRESSION. WE WILL ASK ABOUT YOUR EMOTIONS AND YOUR DAILY ACTIVITIES.**

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

- No
- Yes

**PLEASE CHECK THE BOX INDICATING HOW OFTEN OVER THE PAST 2 WEEKS YOU HAVE BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS.**

25. Little interest or pleasure in doing things? Would you say:

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

26. Feeling down, depressed, or hopeless? Would you say:

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

27. Trouble falling or staying asleep, or sleeping too much?

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

28. Feeling tired or having little energy?

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

29. Poor appetite or overeating?

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

30. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

31. Trouble concentrating on things, such as reading the newspaper or watching television?

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

32. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?

- <sub>1</sub> Not at all
- <sub>2</sub> Several days
- <sub>3</sub> More than half the days
- <sub>4</sub> Nearly everyday

**NOW WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT PAIN THAT YOU MAY HAVE EXPERIENCED IN THE PAST 4 WEEKS.**

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**THE NEXT QUESTIONS ARE ABOUT YOUR HEALTH CARE AND HEALTH CARE PROVIDERS.**

36. What is the name of the current provider who you go to for most of the care related to your diabetes?

\_\_\_\_\_

(First Name)

\_\_\_\_\_

(Last Name)

37. Within the past two years, did you change the provider that you go to for most of the care related to your diabetes?

- No → SKIP to question 39
- Yes

38. If yes, what was the reason for changing this health care provider?

- Change in insurance
- Change in co-payment
- I was not satisfied with the care given by my former provider
- Former provider no longer available for appointments
- I retired
- Other (please explain) \_\_\_\_\_

39. Is [PLAN NAME] still your health insurance plan?

- No
- Yes → SKIP TO question 43

40. How long ago did you leave [PLAN NAME]?

- Within the last 12 months
- More than 12 months ago

41. What health plan are you currently with? \_\_\_\_\_

42. We would like to ask about reasons you might have left your insurance plan [PLAN NAME]. Did you leave [PLAN NAME] for one or more of the following reasons? [CHECK ALL THAT APPLY]

- [PLAN NAME] left your area
- I moved outside the area where [PLAN NAME] was available
- My employer no longer offered [PLAN NAME]
- I changed jobs
- I wanted to stay with my doctor and [PLAN NAME] no longer included my doctor
- I retired
- [PLAN NAME] increased the co-payment for prescription medicines
- [PLAN NAME] required me to get a generic medicine when I wanted a brand name medicine
- The maximum dollar amount [PLAN NAME] allowed for my medicines per year was not enough
- Other (please explain) \_\_\_\_\_

43. Some people have more than one type of health insurance. Do you have any of the following types of health insurance? Check all that apply.

- <sub>a</sub> No, I do not have any other type of health insurance
- <sub>b</sub> Other private health insurance
- <sub>c</sub> Regular Medicare
- <sub>d</sub> Supplemental Medicare
- <sub>e</sub> Medicaid
- <sub>f</sub> Veterans Administration
- <sub>g</sub> Other (please write in) \_\_\_\_\_
- <sub>h</sub> Unsure

44. At any point during the last 12 months were you without health insurance?

- <sub>0</sub> No
- <sub>1</sub> Yes

**NOW WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT MEDICATIONS.**

45. Do you have prescription drug insurance?

- <sub>0</sub> No
- <sub>1</sub> Yes

46. How many different prescription medications do you currently take? \_\_\_\_\_ (write number)

*If you take the same medication several times a day, please count it as one medication.*

- <sub>7</sub> I am not on any prescription medications → SKIP to question 57

47. In the last 3 months, on average, I paid about \$ \_\_\_\_\_ per month for my prescriptions. *(write \$ amount)*

48. How often do you and your doctor talk about the cost of a medication when he or she writes you a prescription?

- <sub>1</sub> Never
- <sub>2</sub> Sometimes
- <sub>3</sub> Usually
- <sub>4</sub> Always

49. In the past 12 months, did you USE LESS medication than you wanted to or than was prescribed because of the COST? (e.g. **skip doses, not fill prescriptions, or not start medications**)

- No → SKIP to question 52
- Yes

50. Did you discuss with your doctor that you used less of your medication(s) because of cost?

- No
- Yes

51. What type of medication(s) did you use less of because of cost?  
CHECK ALL THAT APPLY

- Diabetes (high blood sugar)
- High blood pressure (hypertension)
- High cholesterol or triglycerides
- Heart disease (chest pain, heart attack, heart failure, arrhythmia)
- Asthma or emphysema or COPD
- Stroke or prevention of stroke
- Pain or arthritis
- Heartburn or stomach acid (peptic ulcer or reflux)
- Depression or anxiety
- Osteoporosis (weak or brittle bones)
- Allergies
- Other \_\_\_\_\_

52. When choosing my medications, I want my doctor to consider how much they cost me.

- No
- Yes

53. I want my doctor to tell me about medications that cost me less but might work for me even if:

- |   | <u>No</u>                             | <u>Yes</u>                            |
|---|---------------------------------------|---------------------------------------|
| a. They have to be taken more often than more expensive medications | <sub>0</sub> <input type="checkbox"/> | <sub>1</sub> <input type="checkbox"/> |
| b. They may have a slightly higher chance of side effects.          | <sub>0</sub> <input type="checkbox"/> | <sub>1</sub> <input type="checkbox"/> |
| c. They may not work as well.                                       | <sub>0</sub> <input type="checkbox"/> | <sub>1</sub> <input type="checkbox"/> |

54. On how many of the last 7 DAYS did you take your recommended diabetes medication?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- <sub>77</sub>  I do not use prescribed diabetes medications
- <sub>88</sub>  DON'T KNOW
- <sub>99</sub>  REFUSE

55. On how many of the last 7 DAYS did you take your recommended blood pressure medication? (continued on next page)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- <sub>77</sub>  I do not use prescribed blood pressure medications
- <sub>88</sub>  DON'T KNOW
- <sub>99</sub>  REFUSE

56. On how many of the last 7 DAYS did you take your recommended cholesterol medication?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- <sup>77</sup> I do not use prescribed cholesterol medications
- <sup>88</sup> DON'T KNOW
- <sup>99</sup> REFUSE

**THE NEXT QUESTIONS ARE ABOUT YOU OR YOUR HOUSEHOLD. PLEASE REMEMBER THAT ALL OF YOUR ANSWERS ARE COMPLETELY CONFIDENTIAL.**

57. Including yourself, how many people live in your household? \_\_\_\_\_

58. How many rooms do you have in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.

Number of rooms \_\_\_\_\_

- <sup>88</sup> DON'T KNOW
- <sup>99</sup> REFUSE

59. Which of the following best describes your current employment situation?  
[CHOOSE THE **ONE** ANSWER THAT BEST FITS]

- <sup>1</sup> Self-employed
- <sup>2</sup> Employed by others for wages or salary
- <sup>3</sup> Retired
- <sup>4</sup> Homemaker
- <sup>5</sup> Student
- <sup>6</sup> Not employed due to poor health
- <sup>7</sup> Not employed for other reasons
- <sup>8</sup> DON'T KNOW
- <sup>9</sup> REFUSE

60. What is your current marital or domestic status?

- <sub>1</sub> Married
- <sub>2</sub> Living with someone as a couple, but not married
- <sub>3</sub> Divorced or separated → SKIP to question 62
- <sub>4</sub> Widowed → SKIP to question 62
- <sub>5</sub> Single/Never married → SKIP to question 62
- <sub>9</sub> REFUSE

61. Which of the following best describes your spouse or domestic partner's current employment situation?

- <sub>1</sub> Self-employed
- <sub>2</sub> Employed by others for wages or salary
- <sub>3</sub> Retired
- <sub>4</sub> Homemaker
- <sub>5</sub> Student
- <sub>6</sub> Not employed due to poor health
- <sub>7</sub> Not employed for other reasons
- <sub>8</sub> DON'T KNOW
- <sub>9</sub> REFUSE

62. Please indicate which of the following income categories best describes your total household income, before taxes last year. Annual household income includes all before-tax wages and other earnings, interest and rental income, retirement income, government assistance program (disability, welfare, etc.), pensions, child support, alimony, etc. (*Note: More categories continued on next page.*)

- 62A.  <sub>1</sub> Under \$25,000:
- <sub>1</sub> Less than \$5,000
  - <sub>2</sub> \$5,000 to under \$7,500
  - <sub>3</sub> \$7,500 to under \$10,000
  - <sub>4</sub> \$10,000 to under \$12,500
  - <sub>5</sub> \$12,500 to under \$15,000
  - <sub>6</sub> \$15,000 to under \$20,000
  - <sub>7</sub> \$20,000 to under \$24,999
  - <sub>9</sub> REFUSE

- 62B.  Between \$25,000-\$50,000:
- \$25,000 to under \$30,000
  - \$30,000 to under \$35,000
  - \$35,000 to under \$40,000
  - \$40,000 to under \$45,000
  - \$45,000 to \$49,999
  - REFUSE

- 62C.  Over \$50,000:
- \$50,000 to under \$60,000
  - \$60,000 to under \$75,000
  - \$75,000 to under \$100,000
  - \$100,000 to under \$124,999
  - \$125,000 and above
  - REFUSE

**THE NEXT FEW QUESTIONS WILL HELP US IDENTIFY THE BEST METHOD FOR FUTURE COMMUNICATIONS.**

63. Do you have an e-mail address?

- No → SKIP TO question 65
- Yes

64. If you have an e-mail address, would you prefer to receive future TRIAD surveys and communications electronically?

- No
- Yes If "yes," what is your e-mail address? \_\_\_\_\_

65. Would you prefer to go to the TRIAD Website on the internet to answer questions there?

- No
- Yes

66. If you do not want to receive internet communications or go to the TRIAD Website to complete a survey, which method of communication do you prefer?

- Mailings
- Telephone

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 alright to contact you again in the future?

NO

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!