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Form Approved
OMB #0935-0118
Exp. Date 01/31/2013

Self 2011



Medical Expenditure Panel Survey

A Survey About Your Diabetes Care

The care of people with diabetes is an important concern of the U.S. Department of Health and Human Services. Please take a few minutes to answer the following questions on the care you received for your diabetes. Your participation is voluntary and all of your answers will be kept confidential to the extent permitted by law. If you have any questions about this survey, please call Alex Scott at 1-800-945-MEPS (6377).

This survey should be completed by

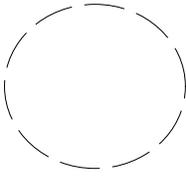
NAME: _____

DOB: / / **PID:**

MONTH DAY YEAR

RUID:

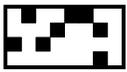
When you have completed the survey, please fold it, seal it with this label, → and place it in the envelope provided.



Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied unless you consent to the use of the information for another purpose. Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.



The Agency for Healthcare Research and Quality and
The Centers for Disease Control and Prevention of the
U.S. Department of Health and Human Services



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A Survey About Your Diabetes Care

Instructions: Answer every question by checking one box or filling in a number as indicated. If you are unsure about how to answer a question, please give the best answer you can.

A **health professional** 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.

1. Have you **ever** been told by a doctor or other health professional that you have diabetes or sugar diabetes? (CHECK ONE)

Yes
Please continue. ←

No
Thank you for your time. ←
This survey is complete.

2. During 2010, how many times did a doctor, nurse, or other health professional check your **blood** for glycosylated hemoglobin or "hemoglobin A-one-C"?

(A1C is a blood test to monitor the glucose level of diabetes over a period of several months. The A1C test is usually done in a lab, hospital, or doctor's office although a home kit containing materials for one or two tests is now available. The A1C test is not the same as a Home Glucose Monitoring test which is used at home to monitor glucose levels on a daily or weekly basis, and needs supplies of disposable test strips.)

If you had this blood test, fill in NUMBER OF TIMES

- Did not have A1C blood test
 Don't know
 Never

3. Which of the following year(s) did a doctor or other health professional check your feet for any sores or irritations? [CHECK ALL THAT APPLY]

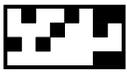
- During 2011
 During 2010
 During 2009
 Before 2009
 Never

4. Which of the following year(s) did you have an eye exam in which your pupils were dilated? This would have made you temporarily sensitive to bright light. [CHECK ALL THAT APPLY]

- During 2011
 During 2010
 During 2009
 Before 2009
 Never

5. Which of the following year(s) did you have your blood cholesterol checked? [CHECK ALL THAT APPLY]

- During 2011
 During 2010
 During 2009
 Before 2009
 Never



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6. Which of the following year(s) did you get a flu vaccination (shot or nasal spray)? [CHECK ALL THAT APPLY]
- During 2011
- During 2010
- During 2009
- Before 2009
- Never
7. Has your diabetes caused problems with your kidneys?
- Yes
- No
8. Has your diabetes caused problems with your eyes that needed to be treated by an ophthalmologist?
- Yes
- No
9. Is your diabetes being treated by modifying your diet?
- Yes
- No
10. Is your diabetes being treated by medications taken by mouth?
- Yes
- No
11. Is your diabetes being treated with insulin injections?
- Yes
- No
12. During the last 12 months, have you learned how to take care of your diabetes?
- Yes
- No (Skip to Q 14)
13. Which of the following methods have you used to learn to take care of your diabetes? [CHECK ALL THAT APPLY]
- Talking to a doctor/health professional within your primary care practice
- Talking to a doctor/health professional not in your primary care practice
- Telephone call with a health professional
- Reading about it on the Internet
- Taking a group class
- Other (specify) _____
14. How confident are you in taking care of your diabetes?
- Not confident at all
- Somewhat confident
- Confident
- Very confident
- Refused
- Don't know

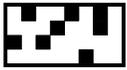
Thank you for taking the time to complete this important survey.
Please remember to fold it, seal it, and place it in the envelope provided.

Date completed: MONTH DAY YEAR

If this survey was not completed by the person named on the front page, who completed the survey?

What is this person's relationship to the person named on the front page?

What is the reason the person named on the front page did not complete the survey himself/herself?



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Data Year 2010
11-230

