



63032

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**Proxy 2022**



# A Survey About 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 for →

**NAME:** \_\_\_\_\_

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**DOB:**   /   /     **PID:**

MONTH DAY YEAR

**RUID:**

When you have completed the survey, return it to your interviewer.

This survey is authorized under 42 U.S.C. 299a. Privacy is protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure. 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, 5600 Fishers Lane Room #07W42, Rockville, MD 20857.



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



# A Survey About Diabetes Care

**Instructions:** Answer each question by marking one box  or filling in a number when necessary. If you are unsure about how to answer a question, please give the best answer you can. **In the questions below, "(NAME)" refers to the person listed in the box on the front page.**

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.

- Has (NAME) **ever** been told by a doctor or other health professional that he/she has diabetes or sugar diabetes?  
MARK  ONE.  
 Yes → **Please continue.**  
 No → **Thank you for your time.**  
**This survey is complete.**
- During 2021, how many times did a doctor, nurse, or other health professional check (NAME)'s **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.)*  

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 If (NAME) had this blood test, fill in NUMBER OF TIMES  
 Did not have A1C blood test  
 Don't know  
 Never
- Which of the following year(s) did a doctor or other health professional check (NAME)'s feet for any sores or irritations?  
MARK  ALL THAT APPLY.  
 During 2022  
 During 2021  
 During 2020  
 Before 2020  
 Never
- Which of the following year(s) did (NAME) have an eye exam in which his/her pupils were dilated? This would have made (NAME) temporarily sensitive to bright light.  
MARK  ALL THAT APPLY.  
 During 2022  
 During 2021  
 During 2020  
 Before 2020  
 Never
- Which of the following year(s) did (NAME) have his/her blood cholesterol checked?  
MARK  ALL THAT APPLY.  
 During 2022  
 During 2021  
 During 2020  
 Before 2020  
 Never

6. Which of the following year(s) did (NAME) get a flu vaccination (shot or nasal spray)?  
MARK  ALL THAT APPLY.
- During 2022  
 During 2021  
 During 2020  
 Before 2020  
 Never
7. Has (NAME)'s diabetes caused problems with his/her kidneys?
- Yes  
 No
8. Has (NAME)'s diabetes caused problems with his/her eyes that needed to be treated by an ophthalmologist?
- Yes  
 No
9. Is (NAME)'s diabetes being treated by modifying his/her diet?
- Yes  
 No
10. Is (NAME)'s diabetes being treated by medications taken by mouth?
- Yes  
 No
11. Is (NAME)'s diabetes being treated with insulin injections?
- Yes  
 No
12. During the last 12 months, has (NAME) learned how to take care of his/her diabetes?
- Yes  
 No → **Go to Question 14**
13. Which of the following methods has (NAME) used to learn to take care of his/her diabetes?  
MARK  ALL THAT APPLY.
- Talking to a doctor/health professional within his/her primary care practice  
 Talking to a doctor/health professional not in his/her primary care practice  
 Telephone call with a health professional  
 Reading about it on the Internet  
 Taking a group class  
 Other (specify) \_\_\_\_\_
14. How confident is (NAME) in taking care of his/her diabetes?
- Not confident at all  
 Somewhat confident  
 Confident  
 Very confident  
 Refused  
 Don't know

→ PLEASE CONTINUE TO THE BACK COVER.



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**Thank you for taking the time to complete this important survey.**

*Please remember to return it to your interviewer.*

Date completed:   MONTH   DAY     YEAR

Who completed the survey for the person named on the front page?

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

- Husband or wife       Mother, father, or guardian       Other relative  
 Unmarried partner       Son or daughter       Not related

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

Data Year 2021  
22-231