




# MEPS

Medical Expenditure Panel Survey

## A Survey About Your Diabetes Care

The care of people with diabetes is an important concern of the Public Health Service. 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. If you have any questions about this survey, please call Alex Scott at 1-800-945-MEPS (6377).

This survey should be completed by 

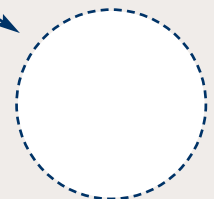
**NAME:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_ **PID:** \_\_\_\_\_

**RUID:** \_\_\_\_\_

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



The Agency for Healthcare Research and Quality and  
The Centers for Disease Control and Prevention of  
the U.S. Public Health Service

OMB # 0935-0104

# 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.

1. Have you **ever** been told by a doctor or other health professional that you have diabetes or sugar diabetes? (CHECK ONE)  
Yes .....  1  
▶▶▶Please continue.  
No .....  2  
▶▶▶Thank you for your time.  
This survey is complete.
2. During 2005, how many times did a doctor, nurse, or other health professional check your blood for glycosylated hemoglobin or “hemoglobin A-one-C”? (FILL IN NUMBER OF TIMES)  
Number of Times ..... \_\_\_\_\_  
Did not have a blood test .....  96  
Don't know .....  98  
Never .....  00
3. During 2005, how many times did a health professional check your feet for any sores or irritations? (FILL IN NUMBER OF TIMES)  
Number of Times ..... \_\_\_\_\_  
Never .....  00
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 2006 .....  1  
During 2005 .....  2  
During 2004 .....  3  
Before 2004 .....  4  
Never .....  00
5. Has your diabetes caused problems with your kidneys?  
Yes .....  1  
No .....  2
6. Has your diabetes caused problems with your eyes that needed to be treated by an ophthalmologist?  
Yes .....  1  
No .....  2
7. Is your diabetes being treated by modifying your diet?  
Yes .....  1  
No .....  2

This survey is part of the Medical Expenditure Panel Survey, conducted by the U.S. Public Health Service. This survey is authorized under Section 902(a) of the Public Health Service Act [42 U.S.C. 299a]. The confidentiality of personal information is protected by Federal Statutes, Section 924(c) and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 242m(d)]. This law prohibits release of personal information outside the public health agencies sponsoring the survey or their contractors without first obtaining permission from the person who gave the information. The Federal government requires that all persons asked to respond to one of its surveys be given the following information: Public reporting burden for this collection of information is estimated to average 5 minutes per interview, the estimated time required to complete the “A Survey About Your Diabetes Care.” Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Reports Clearance Officer  
Attention: PRA, United States Public Health Service  
Paperwork Reduction Project (0935-0098)  
Hubert H. Humphrey Building, Room 721-B  
200 Independence Avenue, SW  
Washington, DC 20201

8. Is your diabetes being treated by medications taken by mouth?  
 Yes .....  1  
 No .....  2
9. Is your diabetes being treated with insulin injections?  
 Yes .....  1  
 No .....  2
10. During the last 6 months, have you received any of the following to teach you how to take care of your diabetes:
- Telephone call to your house**  
 Yes .....  1  
 No .....  2
- Appointment with nurse**  
 Yes .....  1  
 No .....  2
- Visit to your home**  
 Yes .....  1  
 No .....  2
- Referral to a specialist**  
 Yes .....  1  
 No .....  2

11. About how long has it been since you had your blood cholesterol checked by a doctor or other health professional?  
 WITHIN PAST YEAR .....  1  
 WITHIN PAST 2 YEARS .....  2  
 WITHIN PAST 3 YEARS .....  3  
 WITHIN PAST 5 YEARS .....  4  
 MORE THAN 5 YEARS .....  5  
 NEVER .....  00
12. About how long has it been since you had a flu shot?  
 WITHIN PAST YEAR .....  1  
 WITHIN PAST 2 YEARS .....  2  
 WITHIN PAST 3 YEARS .....  3  
 WITHIN PAST 5 YEARS .....  4  
 MORE THAN 5 YEARS .....  5  
 NEVER .....  00

**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 \_\_\_\_\_

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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_