


MEPS

Medical Expenditure Panel Survey

A Survey About Diabetes Care

The care of people with diabetes is an important concern of the Public Health Service. We would appreciate it if you would take a few minutes to answer the following questions on the care your family member received for his or her diabetes. Your participation is voluntary and all of the answers will be kept confidential. If you have any questions about this survey, please call Alex Scott at 1-800-945-MEPS (6377).

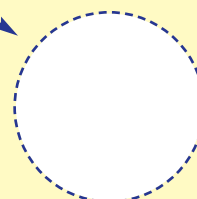
This survey should
be completed for 

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. **In the questions below, “(NAME)” refers to the person listed in the box on the front page.**

1. Has (NAME) **ever** been told by a doctor or other health professional that he/she has diabetes or sugar diabetes? (CHECK ONE)

Yes ☐ 1

▶▶▶Please continue.

No ☐ 2

▶▶▶Thank you for your time.

This survey is complete.

2. During 2006, how many times did a doctor, nurse, or other health professional check (NAME)’s 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 2006, how many times did a health professional check (NAME)’s feet for any sores or irritations? (FILL IN NUMBER OF TIMES)

Number of Times

Never ☐ 00

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

During 2007 ☐ 1

During 2006 ☐ 2

During 2005 ☐ 3

Before 2005 ☐ 4

Never ☐ 00

5. Has (NAME)’s diabetes caused problems with his/her kidneys?

Yes ☐ 1

No ☐ 2

6. Has (NAME)’s diabetes caused problems with his/her eyes that needed to be treated by an ophthalmologist?

Yes ☐ 1

No ☐ 2

7. Is (NAME)’s diabetes being treated by modifying his/her 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 (NAME)'s diabetes being treated by medications taken by mouth?

Yes ☐ 1

No ☐ 2

9. Is (NAME)'s diabetes being treated with insulin injections?

Yes ☐ 1

No ☐ 2

10. During the last 6 months, has (NAME) received any of the following to teach him/her how to take care of his/her diabetes:

Telephone call to his/her house

Yes ☐ 1

No ☐ 2

Appointment with nurse

Yes ☐ 1

No ☐ 2

Visit to his/her home

Yes ☐ 1

No ☐ 2

Referral to a specialist

Yes ☐ 1

No ☐ 2

11. About how long has it been since (NAME) had his/her 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 (NAME) 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 _____

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

What is your relationship to the person named on the front page?
