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Form Approved
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Proxy 2020



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. 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 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: _____

DOB:

/ /

MONTH DAY YEAR

PID:

RUID:

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

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. 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 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 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.

1. 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.

2. During 2019, 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

3. 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 2020

☐ During 2019

☐ During 2018

☐ Before 2018

☐ Never

4. 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 2020

☐ During 2019

☐ During 2018

☐ Before 2018

☐ Never

5. Which of the following year(s) did (NAME) have his/her blood cholesterol checked?

MARK ☒ ALL THAT APPLY.

☐ During 2020

☐ During 2019

☐ During 2018

☐ Before 2018

☐ Never



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6. Which of the following year(s) did (NAME) get a flu vaccination (shot or nasal spray)?
MARK ☒ ALL THAT APPLY.
- ☐ During 2020
☐ During 2019
☐ During 2018
☐ Before 2018
☐ 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?

- | | | |
|--|--|---|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Mother, father, or guardian | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Son or daughter | <input type="checkbox"/> Not related |

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

Data Year 2019
20-231