

[qxdiabid]

*Health and Retirement Study:
2003 Mail Survey
On Diabetes*



Conducted by:
The Survey Research Center
The University of Michigan

Sponsored by:
The National Institute on Aging



ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is *voluntary* and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

Many questions can be answered by placing an X in the box () in front of your response or by circling the number of your response. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (➔) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

If you have any questions about the questionnaire, please feel free to call us at **1-800-759-7947**.

THANK YOU!

Section A: General Background

A1. Would you say your health is: **(Mark one.) (qxa1)**

- ₁ Excellent
- ₂ Very Good
- ₃ Good
- ₄ Fair
- ₅ Poor

A2. At what age were you told by a doctor that you had diabetes? **(qxa2)**

- _____ Years old
- _D Uncertain, can't say

A3. Which type of diabetes did your doctor say that you have? **(Mark one.) (qxa3)**

- ₁ Type 1, also called juvenile or insulin-dependent diabetes
- ₂ Type 2, also called adult-onset, using insulin
- ₃ Type 2, also called adult-onset, not using insulin
- _D Uncertain, can't say

A4. At the time your diabetes was first diagnosed, were you covered by health insurance? **(qxa4)**

- ₁ Yes
- ₅ No
- _D Uncertain, can't say

A5. At the time your diabetes was first diagnosed, did you have any coverage for prescription drugs? (**qxa5**)

- ₁ Yes
- ₅ No
- _D Uncertain, can't say

A6. At the time your diabetes was first diagnosed, were you working for pay? (**qxa6**)

- ₁ Yes
- ₅ No
- _D Uncertain, can't say

A7. Are you currently working for pay? (**qxa7**)

- ₁ Yes
- ₅ No → **Go to Question A9**

A8. In your opinion, has your diabetes kept you from promotions, better jobs, or other advancement in your work? (**qxa8**)

- ₁ Yes → **Go to Question A11**
- ₅ No → **Go to Question A11**
- _D Uncertain, can't say → **Go to Question A11**

A9. How old were you when you stopped working? (**qxa9**)

- _____ Years old
- _D Uncertain, can't say

A10. In your opinion, did your diabetes cause you to quit work sooner than you would have otherwise? **(qxa10)**

₁ Yes

₅ No

_D Uncertain, can't say

A11. How much do you weigh now? **(qxa11)**

_____ lbs.

A12. How much did you weigh when you were about 50 years old? **(qxa12)**

_____ lbs.

_X N/A, I am not yet 50 years old

A13. Up to the present time, what is the most you have ever weighed? **(Women: Do not include any times when you were pregnant.) (qxa13)**

_____ lbs.

A14. How old were you then? **(qxa14)**

_____ Years old

_D Uncertain, can't say

A15. Thinking about your life in general, do you agree or disagree with these statements?
(Circle one answer for each line.)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. I am satisfied with my life. (qxa15a)	1	2	3	4	5
b. I have little control over the things that happen to me. (qxa15b)	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
c. I live life one day at a time and don't think much about the future. (qxa15c)	1	2	3	4	5
d. I can do just about anything I set out to do. (qxa15d)	1	2	3	4	5
e. Sometimes I feel that I'm being pushed around in life. (qxa15e)	1	2	3	4	5
f. I often feel hopeless about the future. (qxa15f)	1	2	3	4	5
g. Taking care of myself now will have a big payoff later. (qxa15g)	1	2	3	4	5

A16. The following statements are about how important diabetes is compared with other things you are dealing with in your life. How much do you agree or disagree with the following statements? (Circle one answer for each line.)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. Taking care of my diabetes is my top priority right now. (qxa16a)	1	2	3	4	5
b. I have other health problems that are more important than diabetes. (qxa16b)	1	2	3	4	5
c. I have many more important things in my life than diabetes to take care of now. (qxa16c)	1	2	3	4	5
d. I feel confident in my ability to manage my diabetes. (qxa16d)	1	2	3	4	5

End of Section A.

Section B: Sources of Diabetes Care

B1. Who currently provides your main diabetes health care? (Mark one.) (qxb1)

- ₁ Generalist doctor (general practitioner, family practitioner, internist)
- ₂ Specialist doctor (diabetologist, endocrinologist)
- ₃ Nurse practitioner or physician assistant
- ₄ Other (please specify): __ (qxb1oth) _____
- ₅ No one, I do not have a regular health care provider who provides my diabetes care → Go to Question B3

B2. How long have you been seeing the health care provider who takes care of your diabetes? (Mark one.) (qxb2)

- ₁ Less than 6 months
- ₂ 6 months to 1 year
- ₃ 1 year to 5 years
- ₄ More than 5 years

B3. When was your last Hemoglobin A1c test? (This is also known as glycohemoglobin or glycosylated hemoglobin, a test that measures your average blood sugar level over the past two or three months.) (Mark one.) (qxb3)

- ₁ Within the last year
- ₂ 1-2 years ago
- ₃ 2-3 years ago
- ₄ More than 3 years ago
- ₅ Never had this type of test → Go to Question B7
- ₆ Don't know if I've ever had this test → Go to Question B7

B4. What was the value of your Hemoglobin A1c the last time your health care provider checked it? **(Mark one.) (qxb4)**

- ₁ Less than 6
- ₂ Between 6 and 7
- ₃ Between 7 and 8
- ₄ Between 8 and 10
- ₅ Greater than 10
- _D Uncertain, can't say

B5. Do you have a goal or target for what you would like your Hemoglobin A1c level to be at or below? **(qxb5)**

- ₁ Yes
- ₅ No → **Go to Question B7**
- ₇ Not sure what Hemoglobin A1c is → **Go to Question B7**

B6. What is your goal for your Hemoglobin A1c level? **(qxb6)**

B7. My last urine analysis was: **(Mark one.)**

(Gave a urine sample to be tested by the health care provider, clinic, or laboratory) (qxb7)

- ₁ Within the last year
- ₂ 1-2 years ago
- ₃ 2-3 years ago
- ₄ More than 3 years ago
- ₅ Never had a urine analysis

B8. In the past 12 months, how many times have you stayed overnight in the hospital? (**Mark one.**) (qxb8)

- ₀ 0 times
- ₁ 1 time
- ₂ 2 times
- ₃ 3 or more times

B9. In the past 12 months, how many times did you: (**Mark one answer for each line.**)

	0	1	2-5	6-10	11-20	More than 20
a. See the doctor or nurse <u>who takes care of your diabetes</u> (qxb9a)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₆	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₂₀
b. See any other medical doctor or nurse <u>in a doctor's office or medical clinic</u> (qxb9b)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₆	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₂₀
c. See any doctor or nurse <u>in an emergency room</u> (qxb9c)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₆	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₂₀

B10. When was the last time that you had an eye exam during which the doctor put drops in your eyes that made your pupils large? (You may have been unable to see enough to drive or had to wear dark glasses afterward.) (**Mark one.**) (qxb10)

- ₁ Within the last year
- ₂ 1-2 years ago
- ₃ 2-3 years ago
- ₄ More than 3 years ago
- ₅ Never had this type of exam

B11. Have you ever had diabetes education outside your usual doctor or nurse visits, either individually by a diabetes educator or in a special class? (qxb11)

- ₁ Yes → Go to Question B13
- ₅ No
- _D Uncertain, can't say → Go to Question B13

B12. If you have not had diabetes education, why not? (Mark all that apply.)

- Did not feel it was important (qxb12a)
- Not sent by my health care provider (qxb12b)
- It cost too much or it wasn't covered by insurance (qxb12c)
- Didn't know I was supposed to (qxb12d)
- My health care provider gives me all the information I need (qxb12e)
- Other (please list): ____ (qxb12oth) _____ (qxb12f)

B13. Did you ever see a dietitian to learn about a diabetic meal plan or diet? (qxb13)

- ₁ Yes → Go to Question B15
- ₅ No

B14. If you have never seen a dietitian, why not? (Mark all that apply)

- Did not feel it was important (qxb14a)
- Not sent by my health care provider (qxb14b)
- It cost too much or wasn't covered by insurance (qxb14c)
- Didn't know I was supposed to (qxb14d)
- My health care provider gives me information about diet (qxb14e)
- Other (please list): ____ (qxb14oth) _____ (qxb14f)

B15. How often do you get any diabetes information from the following sources?

	Never	Rarely	Sometimes	Often	Very Often
a. Television (qxb15a)	1	2	3	4	5
b. Internet (qxb15b)	1	2	3	4	5
c. Newspapers or magazines (qxb15c)	1	2	3	4	5
d. Books (qxb15d)	1	2	3	4	5
e. Friends (qxb15e)	1	2	3	4	5

B16. How often do you bring up with your doctor any information you've heard or seen that might affect your treatment? (**Mark one.**) (qxb16)

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very often

End of Section B.

Section C: Views on Your Diabetes Medical Care

C1. Please indicate how you feel about the diabetes care you have received recently from your doctors, nurses, or other health care providers. **(Circle one answer for each line.)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. I'm very satisfied with the diabetes care I receive. (qxc1a)	1	2	3	4	5
b. There are things about the diabetes care I receive that could be better. (qxc1b)	1	2	3	4	5

C2. Overall, what grade would you give your doctors, nurses, or other health care providers for how well they helped you manage your diabetes in the past six months? **(Mark one.) (qxc2)**

₁ A+

₄ B+

₇ C

₂ A

₅ B

₈ D

₃ A-

₆ B-

₉ F

C3. How would you rate the doctors, nurses, or other health care providers who take care of your diabetes at: **(Circle one answer for each line.)**

	Poor	Fair	Good	Very Good	Excellent
a. Telling you everything; not keeping things from you that you should know (qxc3a)	1	3	5	7	9
b. Letting you know test results when promised (qxc3b)	1	3	5	7	9
c. Explaining treatment alternatives (qxc3c)	1	3	5	7	9
d. Explaining side effects of medications (qxc3d)	1	3	5	7	9

	Poor	Fair	Good	Very Good	Excellent
e. Telling you what to expect from your treatment (qxc3e)	1	3	5	7	9

C4. Think about the health care you've received over the past six months. (If it's been more than six months since you've seen your doctor or nurse, think about your most recent visit.)
Over the past six months, when receiving medical care for your diabetes, how often were you:
(Circle one answer for each line.)

	Never	Rarely	Some-times	Often	Very Often
a. Asked for your ideas about making your treatment plan (qxc4a)	1	2	3	4	5
b. Given choices about treatment to think about (qxc4b)	1	2	3	4	5
c. Asked to talk about your goals in caring for your diabetes (qxc4c)	1	2	3	4	5
d. Helped to set specific goals to improve your eating or exercise (qxc4d)	1	2	3	4	5
e. Sure that your doctor or nurse thought about your values and your traditions when they recommended treatments to you (qxc4e)	1	2	3	4	5
f. Helped to make a treatment plan that you could do in your daily life (qxc4f)	1	2	3	4	5
g. Helped to set a goal with your doctor or nurse (qxc4g)	1	2	3	4	5

C5. Please indicate if your doctor or nurse has discussed the following topics with you within the past six months: **(Circle one answer for each line.)**

	Yes	No
a. When and how to take insulin or diabetes pills (qxc5a)	1	5
b. When and how to check blood sugar (qxc5b)	1	5

	Yes	No
c. How to time meals (qxc5c)	1	5
d. What to eat (qxc5d)	1	5
e. How to check and care for your feet (qxc5e)	1	5
f. How to increase physical activity (qxc5f)	1	5
g. How to make changes in medications (qxc5g)	1	5
h. How to deal with the emotional demands of diabetes (qxc5h)	1	5
i. Where to find community resources to help with diabetes (qxc5i)	1	5

C6. Please rate how well you understand each of the following areas of diabetes care: (Circle one answer for each line.)

	I don't understand at all	It's still a little confusing	I understand pretty well	I understand completely
a. How to take your insulin or other medications (qxc6a)	1	2	3	4
b. What each of your prescribed medications do (qxc6b)	1	2	3	4
c. How to choose the food you should eat (qxc6c)	1	2	3	4
d. How to read nutrition labels on food (qxc6d)	1	2	3	4
e. How to exercise (qxc6e)	1	2	3	4
f. How and when to test your blood sugar (qxc6f)	1	2	3	4
g. How to care for your feet (qxc6g)	1	2	3	4
h. What the complications of diabetes are (qxc6h)	1	2	3	4

	I don't understand at all	It's still a little confusing	I understand pretty well	I understand completely
i. What to do for symptoms of low blood sugar (qxc6i)	1	2	3	4
j. What your target blood sugar values should be (qxc6j)	1	2	3	4

End of Section C.

Section D: Family and Social Situation

D1. I think it is important for me to: **(Circle one answer for each line.)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. Follow my meal plan carefully (qxd1a)	1	2	3	4	5
b. Take my medicine as recommended (qxd1b)	1	2	3	4	5
c. Take care of my feet (qxd1c)	1	2	3	4	5
d. Get enough physical activity (qxd1d)	1	2	3	4	5
e. Test my sugar as recommended (qxd1e)	1	2	3	4	5
f. Go to the doctor or nurse for all my appointments (qxd1f)	1	2	3	4	5
g. Keep my weight under control (qxd1g)	1	2	3	4	5
h. Handle my feelings about diabetes (qxd1h)	1	2	3	4	5

D2. I can count on my family or friends to help and support me a lot with: **(Circle one answer for each line.)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. Following my meal plan (qxd2a)	1	2	3	4	5
b. Taking my medicine (qxd2b)	1	2	3	4	5
c. Taking care of my feet (qxd2c)	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
d. Getting enough physical activity (qxd2d)	1	2	3	4	5
e. Testing my sugar (qxd2e)	1	2	3	4	5
f. Going to the doctor or nurse (qxd2f)	1	2	3	4	5
g. Keeping my weight under control (qxd2g)	1	2	3	4	5
h. Handling my feelings about diabetes (qxd2h)	1	2	3	4	5

D3. Besides your health care providers, who helps you the most in caring for your diabetes?
(Mark one.) (qxd3)

- ₁ Spouse
- ₂ Other family members
- ₃ Friends
- ₄ Paid helper
- ₅ Nobody

End of Section D.

Section E: Blood Sugar Symptoms and Control

E1. How many days in the last month have you had symptoms of low blood sugar, such as sweating, weakness, anxiety, trembling, hunger, or headache? (**Mark one.**) (**qxe1**)

- ₀ 0 days
- ₁ 1-3 days
- ₄ 4-6 days
- ₇ 7-12 days
- ₁₂ More than 12 days
- _D Uncertain, can't say

E2. Do you check your blood sugar when you get these low blood sugar symptoms? (**Mark one.**) (**qxe2**)

- ₁ Never
- ₂ Sometimes
- ₃ Always

E3. How many days in the last month have you had symptoms of high blood sugar, such as feeling thirsty, dry mouth and skin, increased sugar in the urine, less appetite, nausea, or fatigue? (**Mark one.**) (**qxe3**)

- ₀ 0 days
- ₁ 1-3 days
- ₄ 4-6 days
- ₇ 7-12 days
- ₁₂ More than 12 days
- _D Uncertain, can't say

Section F: Blood Sugar Monitoring

F1. According to your doctor or nurse, how often should you test your blood sugar? (**Mark one.**) (qxf1)

- ₁ Never or not told to test → **Go to question F4**
- ₂ Once a week or less
- ₃ Several times a week
- ₄ Daily
- ₅ More than once a day

F2. In a typical month how often do you miss your scheduled testing? (**Mark one.**) (qxf2)

- ₁ Never
- ₂ Rarely (fewer than one out of ten scheduled tests)
- ₃ Sometimes (one or two out of ten scheduled tests)
- ₄ Often (three or four out of ten scheduled tests)
- ₅ Very often (five or more times out of ten scheduled tests)

F3. When you do miss scheduled testings, how often is it because: (**Circle one answer for each line.**)

	Never	Rarely	Some- times	Often	Very Often
a. You forgot (qxf3a)	1	2	3	4	5
b. You don't believe it is useful (qxf3b)	1	2	3	4	5
c. It is hard to find the right time or place (qxf3c)	1	2	3	4	5
d. You don't like to do it (qxf3d)	1	2	3	4	5
e. You ran out of test materials (qxf3e)	1	2	3	4	5
f. It costs too much (qxf3f)	1	2	3	4	5
g. You can't do it by yourself (qxf3g)	1	2	3	4	5

	Never	Rarely	Some- times	Often	Very Often
h. It hurts to prick your finger (qxf3h)	1	2	3	4	5

F4. In the past 12 months, has your health care provider recommended changes in your insulin or pill dose on the basis of your home blood tests? (**Mark one.**) (**qxf4**)

- ₁ Yes
- ₅ No
- ₇ Not using insulin or medications
- ₉ Don't test

F5. Have you been taught to change your insulin dose on the basis of your blood sugar tests? (**Mark one.**) (**qxf5**)

- ₁ Yes
- ₅ No
- ₇ Not using insulin
- ₉ Don't test

End of Section F.

Section G: Impact of Diabetes in Your Life

G1. The next questions are about problem areas in diabetes that you may experience. Which of the following diabetes issues are currently a problem for you? (**Circle one answer for each line.**)

	Not a Problem	Minor Problem	Moderate Problem	Some- what Serious Problem	Serious Problem
a. Finding money to pay for medication and supplies (qxg1a)	1	2	3	4	5
b. Not keeping up with commitments at work or at home because of diabetes (qxg1b)	1	2	3	4	5
c. Not having clear and concrete goals for your diabetes care (qxg1c)	1	2	3	4	5
d. Feeling discouraged with your diabetes treatment plan (qxg1d)	1	2	3	4	5
e. Coping with complications of diabetes you have now (qxg1e)	1	2	3	4	5
f. Feelings of deprivation regarding food and meals (not being able to eat all of what you want) (qxg1f)	1	2	3	4	5
g. Uncomfortable interactions with family or friends (qxg1g)	1	2	3	4	5
h. Feeling overwhelmed by your diabetes regimen (qxg1h)	1	2	3	4	5
i. Worrying about low blood sugar reactions (qxg1i)	1	2	3	4	5
j. Worrying about the future and the possibility of serious complications (qxg1j)	1	2	3	4	5

End of Section G.

Section H: Medical History and Conditions

H1. During the past 4 weeks, how often have you felt short of breath: **(Circle one answer for each line.)**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. When lying down flat (qxh1a)	1	2	3	4	5
b. When sitting, resting (qxh1b)	1	2	3	4	5
c. When walking less than one block (qxh1c)	1	2	3	4	5
d. When climbing one flight of stairs (qxh1d)	1	2	3	4	5
e. When climbing several flights of stairs (qxh1e)	1	2	3	4	5

H2. In the past 12 months, have you been told by a doctor that you have any of the following problems related to your heart or circulation: **(Circle one answer for each line.)**

	Yes	No
a. Heart attack or previous heart attack (qxh2a)	1	5
b. Congestive heart failure (qxh2b)	1	5
c. Angina (qxh2c)	1	5
d. Stroke or previous stroke (qxh2d)	1	5
e. Transient ischemic attacks (TIA or “mini-strokes”) (qxh2e)	1	5

H3. In the past 12 months, have you had any of the following operations or procedures related to your heart: **(Circle one answer for each line.)**

	Yes	No
a. Coronary artery bypass surgery (open heart surgery) (qxh3a)	1	5
b. Coronary angioplasty (qxh3b)	1	5
c. Heart catheterization (angiogram) (qxh3c)	1	5
d. Exercise test (stress test) (qxh3d)	1	5

	Yes	No
e. Pacemaker insertion (qxh3e)	1	5

H4. In the past 12 months, how many times have you had any of the following problems related to your heart or circulation: **(Circle one answer for each line.)**

	More than once a week	Almost every week	About once a month	Once or twice only	Never
a. Chest pain or pressure when you exercise (qxh4a)	1	2	3	4	5
b. Chest pain or pressure when resting (qxh4b)	1	2	3	4	5
c. Ankles or legs that swell as the day goes on (qxh4c)	1	2	3	4	5
d. Fainting or dizziness when you stand up (qxh4d)	1	2	3	4	5

H5. Have you been told by a doctor to take aspirin on a daily basis? **(Mark one.) (qxh5)**

- ₁ Yes
₅ No
₇ My doctor told me that I should not take aspirin

H6. Do you usually take aspirin each day? **(qxh6)**

- ₁ Yes
₅ No

H7. Have you ever been told by a doctor that you have any of the following: **(Circle one answer for each line.)**

	Yes	No
a. Kidney failure (qxh7a)	1	5
b. Protein in your urine (qxh7b)	1	5

H8. Have you ever had: (Circle one answer for each line.)

	Yes	No
a. Kidney dialysis (qxh8a)	1	5
b. Kidney transplant (qxh8b)	1	5

H9. During the past 12 months, how often have you had any of the following problems with your legs and feet: (Circle one answer for each line.)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Numbness or loss of feeling in your feet (qxh9a)	1	2	3	4	5
b. Tingling or burning sensation in your feet, especially at night (qxh9b)	1	2	3	4	5
c. Decreased ability to feel hot or cold with your hands or feet (qxh9c)	1	2	3	4	5
d. Sores, infections or ulcers on your feet that did not heal (qxh9d)	1	2	3	4	5

H10. Have you ever had an amputation of a toe, foot, part, or all of a leg for a poorly healing sore or poor circulation? (Circle one answer for each line.)

	Yes	No
a. Toe(s) (qxh10a)	1	5
b. Part of a foot (or feet) (qxh10b)	1	5
c. Leg, below the knee (qxh10c)	1	5
d. Leg, above the knee (qxh10d)	1	5

H11. Have you ever had diabetic eye disease or laser surgery on your eyes (for your diabetes)? (qxh11)

₁ Yes

₅ No

H12. How would you rate your vision (using your glasses or contacts, if you wear them)?
(Mark one.) (qxh12)

- ₁ Excellent
- ₂ Very Good
- ₃ Good
- ₄ Fair
- ₅ Poor

H13. Has a doctor or nurse ever told you that you have high blood pressure? (qxh13)

- ₁ Yes
- ₅ No → Go to Question H16

H14. How many years ago were you first told that you have high blood pressure? (qxh14)

____ Years ago

H15. Do you now take medication for your high blood pressure? (qxh15)

- ₁ Yes
- ₅ No

H16. When was your last blood pressure reading?

__(qxh16mo)__ (month) / __(qxh16yr)__ (year) (Example: 0 5 / 2 0 0 2)

_D Uncertain, can't say

H17. At that time, what was your blood pressure? (Example: 130/85: 130 is systolic, 85 is diastolic)

__(qxh17sys)__ over __(qxh17dia)__
systolic (higher #) diastolic (lower #)

_D Uncertain, can't say

H18. Do you have a goal or target for what you would like your blood pressure to be at or below? (qxh18)

₁ Yes

₅ No → Go to Question H20

H19. What is your goal for your blood pressure? (Example: 130/85: 130 is systolic, 85 is diastolic)

__ (qxh19sys) __ over __ (qxh19dia) __
systolic (higher #) diastolic (lower #)

H20. Has a doctor or nurse ever told you that you have high cholesterol? (qxh20)

₁ Yes

₅ No → Go to Question H23

H21. How many years ago were you first told that you have high cholesterol? (qxh21)

____ Years ago

H22. Do you now take medication for your high cholesterol? (qxh22)

₁ Yes

₅ No

H23. When was your last cholesterol reading?

__ (qxh23mo) __ (month) / __ (qxh23yr) __ (year) (Example: 0 5 / 2 0 0 2)

_D Uncertain, can't say

End of Section H.

Section I: Weight, Diet, and Exercise

I1. How would you describe your weight right now? Do you consider yourself: **(Mark one.)**
(qxi1)

- ₁ Very underweight
- ₂ Underweight
- ₃ About the right weight
- ₄ Somewhat overweight
- ₅ Very overweight
- _D Uncertain, can't say

I2. Do you have a target or goal for what you would like your weight to be? **(qxi2)**

- ₁ Yes
- ₅ No → **Go to Question I4**

I3. What is it? **(qxi3)**

_____ lbs.

I4. During the past 12 months, have you tried to lose weight? **(qxi4)**

- ₁ Yes
- ₅ No

The next questions are about exercise.

I5. In the past 2 weeks, have you walked for exercise? **(qxi5)**

- ₁ Yes
- ₅ No → **Go to Question I7**

I6. If yes:

_____**(qxi6a)**_____ _____**(qxi6b)**_____

Number of times/week

Average amount of time per session

I7. In the past 2 weeks, have you done moderately strenuous household chores, like scrubbing and vacuuming? (**qxi7**)

₁ Yes

₅ No → Go to Question I9

I8. If yes:

_____(**qxi8a**)_____ _____(**qxi8b**)_____
Number of times/week Average amount of time per session

I9. In the past 2 weeks, have you done moderately strenuous household chores like mowing or raking the lawn, shoveling snow, or working in the garden? (**qxi9**)

₁ Yes

₅ No → Go to Question I11

I10. If yes:

_____(**qxi10a**)_____ _____(**qxi10b**)_____
Number of times/week Average amount of time per session

I11. In the past 2 weeks, have you danced? (**qxi11**)

₁ Yes

₅ No → Go to Question I13

I12. If yes:

_____(**qxi12a**)_____ _____(**qxi12b**)_____
Number of times/week Average amount of time per session

I13. In the past 2 weeks, have you gone bowling? (**qxi13**)

₁ Yes

₅ No → Go to Question I15

I14. If yes:

_____(qxi14a)_____ _____(qxi14b)_____
Number of times/week Average amount of time per session

I15. In the past 2 weeks, have you participated in any regular exercise program such as stretching or strengthening exercise, swimming, or any other regular exercise program? (qxi15)

- ₁ Yes
₅ No → Go to Question I17

I16. If yes:

_____(qxi16a)_____ _____(qxi16b)_____
Number of times/week Average amount of time per session

I17. In the past 2 weeks, have you participated in any vigorous exercise, like running/jogging, biking, tennis, aerobic dance, or hiking? (qxi17)

- ₁ Yes
₅ No → Go to Question I19

I18. If yes:

_____(qxi18a)_____ _____(qxi18b)_____
Number of times/week Average amount of time per session

I19. Think about the walking you do outside your home. During the last week, about how many city blocks or their equivalents did you walk? (qxi19)

Number of blocks (qxi19unt)

I20. What is your usual pace? (Mark one.) (qxi20)

- ₁ Casual strolling
- ₂ Average or normal
- ₃ Fairly briskly
- ₄ Brisk or striding
- ₅ No walking at all

I21. In the past two weeks, do you feel that you exercised about the right amount, less, or more than you would like? (Mark one.) (qxi21)

- ₁ About the right amount of exercise
- ₂ Too little exercise
- ₃ Too much exercise

I22. Which of the following are problems for you in getting enough exercise? (Circle one answer for each line.)

	Yes, it's a problem	No, it's not a problem
a. It takes too much effort. (qxi22a)	1	5
b. You don't believe it is useful. (qxi22b)	1	5
c. You don't like to do it. (qxi22c)	1	5
d. You have a health problem that makes it difficult. (qxi22d)	1	5
e. You're too old. (qxi22e)	1	5
f. There's no good place to exercise. (qxi22f)	1	5
g. It makes your diabetes more difficult to control. (qxi22g)	1	5
h. It's hard to find the time. (qxi22h)	1	5
i. You have no one to exercise with. (qxi22i)	1	5

These next questions are about your balance.

I23. How often do you have any problem with keeping your balance: (Circle one answer for each line.)

	Never	Rarely	Some- times	Often	Very Often
a. When you are walking on a level surface (qxi23a)	1	2	3	4	5
b. When you are dressing while standing (qxi23ab)	1	2	3	4	5
c. When you are standing with your eyes closed, such as in the shower (qxi23c)	1	2	3	4	5
d. When you are walking <u>down</u> stairs (qxi23d)	1	2	3	4	5

I24. Do you ever feel dizzy or light-headed after standing up? (qxi24)

₁ Yes

₅ No

I25. Have you fallen in the past 12 months? Falling includes falling on the ground or an uncontrolled fall into a chair, bed, or sofa. (qxi25)

₁ Yes

₅ No → Go to Section J

I26. If yes, how many times have you fallen in the past 12 months? (qxi26)

_____ Times

End of Section I.

Section J: Medication Use

J1. Do you now use insulin? (qxj1)

₁ Yes

₅ No → Go to Question J5

J2. How many times during the day do you usually take your insulin? (Mark one.) (qxj2)

₁ Once a day (taken in the morning)

₂ Once a day (taken in the evening)

₃ Twice a day

₄ Three times a day

₅ Four or more times a day

₆ I use an infusion pump

J3. How many years have you taken insulin? (qxj3)

_____ Years

J4. In a typical week, how often do you miss a scheduled insulin dose? (Mark one.) (qxj4)

₁ Never

₂ Rarely (fewer than one out of ten scheduled doses)

₃ Sometimes (one or two out of ten scheduled doses)

₄ Often (three or four out of ten scheduled doses)

₅ Very often (five or more times out of ten scheduled doses)

J5. Do you currently use any diabetes medication that you take by mouth (tablets or pills)? (qxj5)

₁ Yes

₅ No → Go to Section K

J6. In a typical week, how often do you miss a prescribed dose of your oral diabetes medication? (**Mark one.**) (**qxj6**)

- ₁ Never
- ₂ Rarely (fewer than one out of ten scheduled doses)
- ₃ Sometimes (one or two out of ten scheduled doses)
- ₄ Often (three or four out of ten scheduled doses)
- ₅ Very often (five or more times out of ten scheduled doses)

End of Section J.

Section K: General Views on Diabetes

K1. How much do you agree or disagree with the following statements? Following my prescribed diabetes treatment plan closely will make a big difference in preventing: **(Circle one answer for each line.)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. Eye problems (qxk1a)	1	2	3	4	5
b. Kidney problems (qxk1b)	1	2	3	4	5
c. Foot problems (qxk1c)	1	2	3	4	5
d. Hardening of the arteries (qxk1d)	1	2	3	4	5
e. Heart disease (qxk1e)	1	2	3	4	5
f. Stroke (qxk1f)	1	2	3	4	5

K2. How much do you agree or disagree with the following statements? I am confident that I can: **(Circle one answer for each line.)**

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. Follow my meal plan (qxk2a)	1	2	3	4	5
b. Take my medicine as recommended (qxk2b)	1	2	3	4	5
c. Take care of my feet (qxk2c)	1	2	3	4	5
d. Get enough physical activity (qxk2d)	1	2	3	4	5
e. Test my blood sugar as recommended (qxk2e)	1	2	3	4	5
f. Go to the doctor or nurse when I should (qxk2f)	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
g. Keep my weight under control (qxk2g)	1	2	3	4	5
h. Handle my feelings about diabetes (qxk2h)	1	2	3	4	5

K3. The following statements are about your diabetes care in general. How much do you agree or disagree with each? (Circle one answer for each line.)

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
a. I can maintain lifestyle plans for diet and exercise even during times of stress. (qxk3a)	1	2	3	4	5
b. I can keep up with new developments in the treatment of diabetes. (qxk3b)	1	2	3	4	5
c. I know enough about diabetes to make self-care choices that are right for me. (qxk3c)	1	2	3	4	5
d. I know how to keep myself motivated to care for my diabetes. (qxk3d)	1	2	3	4	5

End of Section K.

Section L: Self-Management

L1. The questions below ask you about your diabetes self-care activities during the past seven days. If you were sick during the past seven days, please think back to the last seven days that you were not sick. On how many of the last seven days did you: (**Circle one answer for each line.**)

	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
a. Take your recommended insulin or diabetes pills (qx11a)	1	2	3	4	5	6	7
b. Take all your recommended doses of insulin or number of diabetes pills (qx11b)	1	2	3	4	5	6	7
c. Follow a healthful eating plan (qx11c)	1	2	3	4	5	6	7
d. Eat five or more servings of fruits and vegetables (qx11d)	1	2	3	4	5	6	7
e. Eat high fat foods such as red meat or full-fat dairy products (qx11e)	1	2	3	4	5	6	7
f. Eat two or more servings of snack or dessert foods such as chips, cookies, cake, or pie (qx11f)	1	2	3	4	5	6	7
g. Test your blood sugar as often as your doctor has recommended (qx11g)	1	2	3	4	5	6	7

L2. Over the past six months, how difficult has it been to do each of the following exactly as the doctor who takes care of your diabetes suggested? (**Please circle one answer for each line.**)

	So Difficult: That I couldn't do it all	Very Difficult: I hardly Ever do this	Difficult: But I managed some of the time	Not Difficult: I managed most of the time	Not Difficult: I got it exactly right	Doesn't Apply: I don't do this, or doctor didn't recommend
a. Taking diabetes medications (pills and/or insulin) (qx12a)	1	2	3	4	5	6
b. Exercising regularly (qx12b)	1	2	3	4	5	6
c. Following your recommended eating plan (qx12c)	1	2	3	4	5	6
d. Checking your blood sugar (qx12d)	1	2	3	4	5	6
e. Checking your feet for wounds or sores (qx12e)	1	2	3	4	5	6
f. Taking medication for blood pressure (qx12f)	1	2	3	4	5	6
g. Seeing your doctors or other providers (qx12g)	1	2	3	4	5	6

L3. Overall, what grade would you give yourself on your diabetes self-care in the past six months? (Mark one.) (qx13)

₁ A+

₄ B+

₇ C

₂ A

₅ B

₈ D

₃ A-

₆ B-

₉ F

End of Section L.

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Section M: Prescription Medication

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M1. If you take pills for your diabetes, please indicate which of the following pills you are currently taking. **(Circle one answer for each line.)**

	Yes	No
a. Glucotrol (glipizide) (qxm1a)	1	5
b. Micronase, Glynase, or Diabeta (glyburide) (qxm1b)	1	5
c. Amaryl (glimepiride) (qxm1c)	1	5
d. Starlix (nateglinide) (qxm1d)	1	5
e. Diabinese (chlorpropamide) (qxm1e)	1	5
f. Glucophage (metformin) (qxm1f)	1	5
g. Precose (acarbose) (qxm1g)	1	5
h. Avandia (rosiglitazone) (qxm1h)	1	5
i. Actos (pioglitazone) (qxm1i)	1	5
j. Prandin (repaglinide) (qxm1j)	1	5
k. Avandamet (metformin and rosiglitazone combination pill) (qxm1k)	1	5
l. Glucovance (glyburide and metformin combination pill) (qxm1l)	1	5
m. Metaglip (glipizide and metformin combination pill) (qxm1m)	1	5
n. Other (please specify): (qxm1n) _____ (qxm1oth)_____	1	5

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M2. If you take pills for high cholesterol, please indicate which of the following pills you are currently taking. **(Circle one answer for each line.)**

	Yes	No
a. Mevacor or Altacor (lovastatin)rol (glipizide) (qxm2a)	1	5
b. Zocor (simvastatin) (qxm2b)	1	5
c. Lipitor (atorvastatin) (qxm2c)	1	5

	Yes	No
d. Lescol (fluvastatin) (qxm2d)	1	5
e. Pravachol (pravastatin) (qxm2e)	1	5
f. Other (please specify): (qxm2f) _____ (qxm2oth)	1	5

M3. Besides any medications you marked in the question above, please list by name all other prescription medications (i.e., prescribed by a doctor) that you are currently taking regularly or use as needed, including those for conditions other than diabetes. The names of prescription medications can be found on the containers. Please include medications placed in the eye or on the skin. (qxm3cnt)

₀ None

- | | |
|----------|----------|
| a. _____ | h. _____ |
| b. _____ | i. _____ |
| c. _____ | j. _____ |
| d. _____ | k. _____ |
| e. _____ | l. _____ |
| f. _____ | m. _____ |
| g. _____ | n. _____ |

M4. Do you currently take herbal medications for diabetes or any other health problem? (qxm4)

₁ Yes

₅ No → Go to Page 39

M5. Please list all herbal medications: (qxm5cnt)

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

End of Section M.

N1. Were the questions in this questionnaire answered by the person to whom this questionnaire was addressed, or did someone else answer for that person? **(Mark one.) (qxn1)**

- ₁ Yes, the questions were answered by the person to whom the questionnaire was addressed
- ₂ The questions were answered by that person’s spouse or partner
- ₃ The questions were answered by that person’s son or daughter
- ₄ The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what: _____

N2. Please add any comments that you wish in the space below, either about this survey or about your own thoughts on what would make it easier to live with diabetes:

Thank you for your participation in this important survey!