

*Project: ICICE*  
Version: 6 October 2000  
SCC00 HE280B

# **ICICE Patient Interview For Diabetes Patients Follow-up Item Set**



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INTRODUCTION OF STUDY TO RESPONDENT  
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>intr<

Hello, my name is [FIRST AND LAST NAME]. May I speak with [R's NAME]?

I'm calling to follow up on a letter we sent you about the research [FILL SITE NAME] and RAND are conducting. You may remember the interview you did with us last (winter/spring/summer). The information you gave us is very helpful and we would like to invite you to take part in the final interview. (You may remember last time we had sent you a magnet shaped like a telephone.) We mailed you a letter on [DATE] to let you know that an interviewer from RAND would be calling. Do you remember getting the letter?

IF YES, GO TO STUDY  
IF NO, GO TO NOLET

**For respondents who don't remember getting letter:**

>nolet<

The letter was from [FILL SITE CO-SIGNER] OF [FILL SITE NAME] and Dr. Emmett Keeler, a researcher at RAND. The letter informed you that we would be calling you to take part in follow up research to improve the care of patients who receive care for diabetes from [fill SITE NAME]. The letter mentioned that this is the final telephone interview we will be conducting.

We are calling now to ask you to take part in the follow up telephone interview.

INTERVIEWER: HIT ENTER AND CONTINUE

>nolet2<

Of course participation in the study is voluntary. You can stop the interview or refuse to answer a question at any time. Your decision to take part will not affect the care you get from [FILL SITE NAME] in any way. RAND will not give your doctor a copy of the answers you give in the interview. Any and all study results will be reported only at the group level. No individual person's information will be published separately in any report of results. The information we give to [FILL SITE NAME], to help them improve the care they give to people with diabetes will be limited to group summaries and statistics.

We can't pay you for your time, but we will send you \$10 as a token of our thanks for taking part in this interview. With your permission, your answers to the interview will be combined with information from your health care records from [FILL SITE NAME]. We have found that the additional information we can collect from your health care records is very valuable as it helps us to complete the picture of your health and the care you get.

**All respondents get this screen:**

>study<

Our study focuses on the experiences and needs of people with diabetes and other conditions that can affect your health and daily activities. (Doctors sometimes call diabetes high blood sugar or sugar in the blood.)

Is this a good time to start the interview?

*IF NEEDED:* The goal of this study is to find out about any other health problems you may have, and the services and treatment you and others in this study receive. The interview has questions about your health and the care you got from [FILL SITE NAME] as well as questions about other health conditions, your daily activities and your feelings and emotions. It should take about 25 minutes. (Check the time we mentioned in the letter.)

*IF NEEDED:* The length of the interview varies depending on you and your experiences. It can take less than 25 minutes.

*IF NEEDED:* We don't have to do the whole interview right now, we can go for a few minutes and then I can call you back at another time to complete the interview.

USE ADVANCE LETTERS AND QUESTION AND ANSWER SHEET TO ANSWER ANY QUESTIONS.

- 1 CONTINUE WITH INTERVIEW
- 2 R REFUSES TO TAKE PART IN STUDY
- 3 R REQUESTS REMAIL OF LETTER BEFORE DECIDING TO TAKE PART (SET CALL BACK AND COMPLETE REMAIL REQUEST SLIP)
4. R SAYS HE/SHE NO LONGER HAS DIABETES.
- x SCHEDULE A CALL BACK

**For all respondents, who say they don't have sampled condition:**

>noint <

We'll check our records again. Another interviewer may call you back in the next week or so to follow-up.

[CASE GOES TO SUPERVISOR FOR REVIEW AND VERIFICATION]

**For all respondents, before any interview is started:**

>inta <

Before we begin, I need to tell you that for the purposes of quality control, my supervisor may monitor this call.

## A. Type and Duration of Diabetes

1. In the last 4 weeks did you do any of the following to keep your diabetes under control:

	<u>YES</u>	<u>NO</u>
DIAA3a1 a. take pills for diabetes?	1	2
DIAA3a2 b. inject insulin?	1	2
DIAA3a3 c. follow a special meal plan or diet?	1	2
<i>DEFINITION: By special meal plan or diet I mean a diet or meal plan for people with diabetes that you got from your doctor, nutritionist, diabetes educator or read in any diabetes education material.</i>		
DIAA3a4 d. exercise?	1	2
DIAA3a5 e. something else?	1	2

**B. Adherence –**

DIAB1

1. In the last 4 weeks how often were you able to take care of your diabetes the way you should? Was it:

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time, or
- 5 All of the time

DIAB2

2. Do you check your blood sugar level at home?

- 1 YES
- 2 NO → SKIP TO Q4 ON NEXT PAGE

DIAB3

3. During the last 4 weeks, how often did you check your blood sugar at home? Would you say:

- 1 Never
- 2 Less than once a week
- 3 A few times per week
- 4 Once a day, or
- 5 Twice a day or more?

DIAB4

4. Many people with diabetes watch what they eat closely to help keep their diabetes under control. For example, they avoid eating foods with lots of sugar or fat.

Over the last month, how much of the time did you only eat the foods that you should?  
Would you say:

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time, or
- 5 All of the time?

DIAB5

5. Over the last month, how often did you eat foods that you knew you were not supposed to?  
Was it:

- 1 Never
- 2 Only once or twice a month
- 3 At least once a week
- 4 3 or 4 times each week, or
- 5 Every day or almost every day?

About how many hours a week do you usually do the following activities:

	<u>0</u> <u>Hours</u>	<u>1-2</u> <u>Hours</u>	<u>3-5</u> <u>Hours</u>	<u>6-9</u> <u>Hours</u>	<u>10 or</u> <u>More</u> <u>Hours</u>
DIAB6a1					
6. Jobs or household tasks that require a <u>moderate</u> amount of physical activity (for example, lifting or carrying light loads, ironing, cleaning windows, light gardening)? Is it: (READ RESPONSES).....	1	2	3	4	5
DIAB6a2					
7. Jobs or household tasks that involve <u>heavy or vigorous</u> physical activity (for example, construction, heavy gardening, scrubbing things, carrying heavy loads)? Is it: .....	1	2	3	4	5
DIAB6a3					
8. Recreation or leisure activities that require a <u>moderate</u> amount of physical activity (for example, hiking, golf, dancing)? (Is it) .....	1	2	3	4	5
DIAB6a4					
9. Recreation or leisure activities that involve <u>heavy or vigorous</u> physical activity (for example, aerobics, swimming laps, skiing, jogging)? (Is it) .....	1	2	3	4	5

DIAB10

10. How often during the last month, did you check your feet for blisters or sore spots. Was it:

- 1 Never
- 2 Only once or twice a month
- 3 At least once a week
- 4 3 or 4 times each week, or
- 5 Every day or Almost every day?

### **C. Self-efficacy**

I'm going to read you some statements about you and your diabetes. For each one, I'll ask you how much you disagree or agree with the statement.

#### **DIAC1**

1. I know the right way to take my diabetes medications. Do you:

- 1 Strongly disagree,
  - 2 Disagree,
  - 3 Neither disagree or agree,
  - 4 Agree, or
  - 5 Strongly Agree
- n I DON'T TAKE MEDICATION FOR DIABETES

#### **DIAC2**

2. I know what to do if I have symptoms of low blood sugar. Do you:

- 1 Strongly disagree,
- 2 Disagree,
- 3 Neither disagree or agree,
- 4 Agree, or
- 5 Strongly Agree

### **D. Knowledge**

#### **DIADINT**

I'd like to find out about how much you know about diabetes and treatment of diabetes. I'm going to read a question and some possible answers. Tell me which answer you think is correct.

#### **DIAD1**

1. What is a healthy or OK fasting blood sugar for someone with diabetes? Is it:

DEFINITION: Fasting blood sugar is your first blood sugar in the morning before you eat. Fasting blood sugar can also be blood sugar after not eating for 12 hours.

- 1 Between 80 and 125
- 2 Between 126 and 200, or
- 3 Greater than 200?
- d DON'T KNOW

DIAD2

2. If you feel thirsty and urinate frequently it usually means your blood sugar is:

- 1 High, or
- 2 Low?
- d DON'T KNOW

DIAD3

3. Exercise causes your blood sugar to:

- 1 Go up,
- 2 Stay the same,
- 3 Go down?
- d DON'T KNOW

DIAD4

4. Insulin and diabetes pills make your blood sugar:

- 1 Go up,
- 2 Stay the same,
- 3 Go down?
- d DON'T KNOW

DIAD5

5. How often should a person with diabetes check their feet for sore or red spots? Would you say:

- 1 Once a month,
- 2 Once a week,
- 3 Every day, or
- 4 Only if there is a sore spot?
- d DON'T KNOW

DIAD6

6. If you suddenly feel shaky, sweaty, nervous, or hungry, should you:

- 1 Lie down and rest,
- 2 Take more insulin or diabetes pills, or
- 3 Eat some form of sugar?
- d DON'T KNOW

DIAD7

7. How often should you get your eyes checked? Would you say:

- 1 Every 6 months or sooner
- 2 Every year
- 3 Every 2 years, or
- 3 Every 3 or more years?
- d DON'T KNOW

## **E. Health Related Quality of Life**

### ***SF-12***

DIAE1

1. In general, would you say your health is:

- 5 Poor,
- 4 Fair,
- 3 Good,
- 2 Very good, or
- 1 Excellent?

DIAE2

2. Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, does not limit you in these activities.

First, moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?

IF R SAYS "I DON'T DO ACTIVITY," PROBE: Is that because of your health?

- 1 YES, LIMITS A LOT
- 2 YES, LIMITS A LITTLE
- 3 NO, NOT LIMITED AT ALL

DIAE3

3. Climbing several flights of stairs. (Does your health now limit you a lot, limit you a little, or not limit you at all?)

IF R SAYS "I DON'T DO ACTIVITY," PROBE: Is that because of your health?

- 1 YES, LIMITS A LOT
- 2 YES, LIMITS A LITTLE
- 3 NO, NOT LIMITED AT ALL

DIAE4

- 4 The following two questions ask you about your physical health and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

- 5 YES
- 1 NO

DIAE5

5. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

5 YES

1 NO

DIAE6

6. The following two questions ask about your emotions and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

5 YES

1 NO

DIAE7

7. During the past 4 weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

5 YES

1 NO

DIAE8

8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework. Did it interfere:

- 1 Not at all,
- 2 A little bit,
- 3 Moderately,
- 4 Quite a bit, or
- 5 Extremely?

DIAE9

9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered:

- 1 All of the time,
- 2 Most of the time,
- 3 A good bit of the time,
- 4 Some of the time ,
- 5 A little of the time, or
- 6 None of the time?

DIAE10

10. These next questions are about how you feel and how things have been with you in the past 4 weeks. As I read each statement, please give me the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks have you felt calm and peaceful? Was it:

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time, or
- 6 None of the time

DIAE11

11. How much of the time during the past 4 weeks did you have a lot of energy? (Was it:)

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time, or
- 6 None of the time

DIAE12

12. How much of the time during the past 4 weeks have you felt downhearted and depressed? (Was it:)

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time, or
- 6 None of the time

***Diabetes-Related Symptoms***

DIAE13

13. These next questions ask about the past 6 months.

Overall, how much have your diabetes symptoms changed in the past 6 months? Would you say:

- 1 They are much better
- 2 They are somewhat better
- 3 They have stayed about the same
- 4 They are somewhat worse, or
- 5 They are much worse

DIAE14

14. I'm going to read you some symptoms that people with diabetes sometimes have. Please tell me how often you had each one in the past 6 months.

You had low blood sugar readings or symptoms of low blood sugar such as sweating, weakness, trembling or an insulin reaction. (In the past 6 months) did this happen:

- 1 More than 5 times,
- 2 Three to five times,
- 3 Once or twice, or
- 4 Not at all?

DIAE15

15. You had high blood sugar readings or symptoms of high blood sugar such as thirst or frequent urination. (In the past 6 months) did this happen:

- 1 More than 5 times,
- 2 Three to five times,
- 3 Once or twice, or
- 4 Not at all?

DIAE16

16. Your vision was more blurry than usual. (In the past 6 months) did this happen:

- 1 More than 5 times,
- 2 Three to five times,
- 3 Once or twice, or
- 4 Not at all?

DIAE17

17. In the past 6 months, did you have any numbness or tingling in your hands or feet that lasted more than an hour?

PROBE: Include numbness and tingling from any cause, whether it's related to your diabetes or not.

- 1 YES
- 2 NO
- d DON'T KNOW

DIAE18

18. In the past 6 months, did you have any new foot ulcers or foot infections that took more than a month to heal?

- 1 YES
- 2 NO
- d DON'T KNOW

## F. Patient Satisfaction

DIAF1

1. A personal doctor or nurse is the health provider who knows you best.. This can be a general doctor, a specialist doctor (including your diabetes doctor), a physician assistant, a nurse, or other health provider. Do you have one person you think of as your personal doctor or nurse?

- 1 YES
- 2 NO → SKIP TO QUESTION 6 ON NEXT PAGE

DIAF2

2. Is your personal doctor or nurse:

- 1 A general internist or a family medicine doctor,
  - 2 A diabetes specialist or endocrinologist, → SKIP TO QUESTION 4
  - 3 A nurse or physician assistant, → SKIP TO QUESTION 4
  - 4 Or something else → SKIP TO QUESTION 4
- (SPECIFY)\_\_\_\_\_

DIAF3

3. Does your personal doctor or nurse specialize in diabetes care?

- 1 YES
- 2 NO

DIAF4

4. In the past 6 months, did you see your personal doctor or nurse?

- 1 YES
- 2 NO → SKIP TO CATI PROGRAM NOTE BEFORE QUESTION 6 ON NEXT PAGE

DIAF5

5. We want to know your overall rating of your personal doctor or nurse.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse in the past 6 months?

ENTER NUMBER: \_\_\_\_\_ → SKIP TO QUESTION 7

**CATI PROGRAMMING NOTE:** QUESTION 6 IS ONLY ASKED IF THERE IS NO PERSONAL DOCTOR OR NURSE (QUESTION 1 IN THIS SECTION CODED NO, d, or r).

DIAF6

6. These next questions are about your diabetes care provider. This is the doctor or other health provider you see most often for care related to your diabetes.

Do you have one doctor or other health provider you go to for care related to your diabetes?

- 1 YES  
2 NO → SKIP TO QUESTION 12 PAGE 20

DIAF7

7. Is the person you go to most for care related to your diabetes the same person as your personal doctor or nurse?

- 1 YES → SKIP TO QUESTION 9 ON NEXT PAGE  
2 NO

DIAF8

8. Is your diabetes care provider:

- 1 A general internist or a family medicine doctor,
- 2 A diabetes specialist or endocrinologist,
- 3 A nurse or physician assistant,
- 4 Or something else (SPECIFY) \_\_\_\_\_

DIAF9

9. How long have you been seeing your diabetes care provider? Is it:

DEFINITION: Your diabetes care provider is the doctor you see most often for care related to your diabetes.

- 1 Less than 6 months,
- 2 6 up to 12 months,
- 3 12 up to 24 months,
- 4 2 up to 5 years, or
- 5 5 years or more?

**CATI PROGRAMMING NOTE:** QUESTIONS 10 AND 11 ARE SKIPPED IF QUESTION 7 IS CODED 1 (YES). (DIABETES CARE PROVIDER AND PERSONAL DOCTOR OR NURSE ARE THE SAME PERSON )

DIAF10

10. In the past 6 months, did you see your diabetes care provider?

- 1 YES
- 2 NO → SKIP TO QUESTION 12 ON NEXT PAGE

DIAF11

11. We want to know your overall rating of the health provider you see most often for your diabetes care.

Use any number from 0 to 10 where 0 is the worst diabetes care provider possible and 10 is the best diabetes care provider possible. How would you rate your diabetes care provider in the past 6 months? (If you saw more than one provider for your diabetes please rate the provider you saw most often)

ENTER NUMBER: \_\_\_\_\_

DIAF12

12. In the past 6 months, how much of a problem, if any, was getting a referral to a specialist that you needed to see for your diabetes? Was it:

- 1 A big problem,
- 2 A small problem, or
- 3 Not a problem?
- n I DIDN'T NEED TO SEE A SPECIALIST FOR MY DIABETES IN THE PAST 6 MONTHS

***CATI PROGRAMMING NOTE: QUESTION 13 IS SKIPPED IF QUESTION 10 IS CODED 1 (YES). (RESPONDENT VISITED DIABETES CARE PROVIDER IN PAST 6 MONTHS)***

DIAF13

13. In the past 6 months, did you see a doctor or other health provider for care related to your diabetes?

- 1 YES
- 2 NO → SKIP TO QUESTION 20 (DIAF20)

DIAF14

14. These next questions are about all of the doctors and other health providers who treated your diabetes in the past 6 months, not just the person you saw most often. Include all of the general doctors, specialists (like eye doctors, foot doctors, etc.), nurses, nutritionists, and any other health provider who helped you take care of your diabetes in your answers to these questions.

In the past 6 months, how often did the doctors and other health providers who treated your diabetes listen carefully to you? Was it:

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always?

DIAF15

15. In the past 6 months, how much of a problem, if any, was getting the care you, your doctor or other health provider believed necessary for your diabetes? Was it:

- 1 A big problem,
- 2 A small problem, or
- 3 Not a problem?

DIAF16

16. In the past 6 months, how often did the doctors and other health providers who treated your diabetes explain things in a way you could understand? Was it:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

DIAF17

17. In the past 6 months, how often did the doctors and other health providers who treated your diabetes show respect for what you had to say? Was it:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

DIAF18

18. In the past 6 months, how often did the doctors and other health providers who treated your diabetes spend enough time with you? Was it:

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always?

DIAF19

19. We want to know your overall rating of all your diabetes care in the past 6 months from all general doctors, specialists (like eye doctors, foot doctors, etc.), nurses, nutritionists, and all other health providers who helped you take care of your diabetes.

Use any number from 0 to 10 where 0 is the worst diabetes care possible and 10 is the best diabetes care possible. How would you rate all your diabetes care in the past 6 months?

ENTER NUMBER: \_\_\_\_\_

DIAF20

20. Please tell me how much you disagree or agree in general with the following statements about the doctors and nurses who treated your diabetes.

My diabetes doctors and nurses have given me choices and options about my diabetes treatment. Do you:

- 1 Strongly disagree,
- 2 Disagree,
- 3 Neither disagree or agree,
- 4 Agree, or
- 5 Strongly agree?

DIAF21

21. My diabetes doctors and nurses have given me confidence that I can make changes in my life to control my diabetes:

- 1 Strongly disagree,
- 2 Disagree,
- 3 Neither disagree or agree,
- 4 Agree, or
- 5 Strongly agree?

DIAF22

22. My diabetes doctors and nurses are interested in my questions . Do you:

IF NEEDED: Give me the answer that comes closest to your experience most of the time.

- 1 Strongly disagree,
- 2 Disagree,
- 3 Neither disagree or agree,
- 4 Agree, or
- 5 Strongly agree?

DIAF23

23. My diabetes doctors or nurses regularly review with me how I am doing in managing all aspects of my diabetes. Do you:

- 1 Strongly disagree,
- 2 Disagree,
- 3 Neither disagree or agree,
- 4 Agree, or
- 5 Strongly agree?

DIAF24

24. Have your diabetes doctors or nurses worked with you to develop a plan so that you know how to take care of your diabetes ?

- 1 YES
- 2 NO → SKIP TO QUESTION 27 ON NEXT PAGE

DIAF25

25. Do you have a copy of this plan in writing?

- 1 YES
- 2 NO

DIAF26

26. Did you work with your diabetes doctors or nurses to set personal goals for your diabetes treatment?

- 1 YES
- 2 NO

DIAF27

27. In the past 6 months, did you get a letter, a postcard, or a call from your doctors or health plan to remind you about appointments?

1 YES

2 NO

DIAF28

28. In the fall, do you usually get a letter, a postcard, or a call from your doctors or health plan to remind you to get a flu shot?

1 YES

2 NO

n DOES NOT APPLY

DIAF29

29. In the last 6 months did any of the doctors or other health providers who treat your diabetes call you to check and see how you were doing without you calling them first?

1 YES

2 NO

### G. Patterns of Service Use

3. I'm going to read you a list of health providers you might have seen in the past 6 months.

DIAG3a

a. Did you see a diabetes specialist or an endocrinologist in the past 6 months?

- 1 YES
- 2 NO
- d DON'T KNOW

DIAG3b

b. Did you see an ophthalmologist, optometrist or eye doctor (in the past 6 months)?

- 1 YES
- 2 NO
- d DON'T KNOW

DIAG3c

c. Did you see a cardiologist or heart doctor (in the past 6 months)?

- 1 YES
- 2 NO
- d DON'T KNOW

DIAG3d

d. Did you see a podiatrist, foot doctor or orthopedist (in the past 6 months)?

- 1 YES
- 2 NO
- d DON'T KNOW

DIAG3e

e. Did you see a diabetes educator (in the past 6 months)?

DEFINITION: A diabetes educator is a health provider who teaches you how to check your sugar at home, tells you what to do to keep your blood sugar under control, and follows up with you to make sure you understand how to take your medications and follow your diet.

- 1 YES
- 2 NO
- d DON'T KNOW

DIAG3f

f. Did you see a nutritionist, or dietitian (in the past 6 months)?

- 1 YES
- 2 NO
- d DON'T KNOW

## H. Education

DIAH1

1. You might get information about diabetes and your health from different sources, such as your doctor, another health provider, or from some other source. I'm going to read you a list of topics, please tell me if you got information on any topic in the past 6 months.

(In the past 6 months), did you get information on blood sugar control?

- 1 YES
- 2 NO
- d DON'T KNOW/NOT SURE
- n R VOLUNTEERS: I'VE HAD DIABETES FOR YEARS AND KNOW ALL ABOUT HOW TO TAKE CARE OF MYSELF/I'VE HAD DIABETES FOR YEARS AND MY DOCTOR TOLD ME ALL THIS LONG AGO

DIAH2

2. (In the past 6 months, did you get) information on the use of insulin or pills for diabetes??

1 YES

2 NO

d DON'T KNOW/NOT SURE

n R VOLUNTEERS: I'VE HAD DIABETES FOR YEARS AND KNOW ALL ABOUT HOW TO TAKE CARE OF MYSELF/I'VE HAD DIABETES FOR YEARS AND MY DOCTOR TOLD ME ALL THIS LONG AGO

**CATI PROGRAMMING NOTE:** IF 1 AND 2 BOTH CODED N, THEN SKIP TO QUESTION 11 ON PAGE 30

DIAH3

3. (In the past 6 months, did you get) information on exercise?

1 YES

2 NO

d DON'T KNOW/NOT SURE

DIAH4

4. (In the past 6 months, did you get) information on nutrition?

1 YES

2 NO

d DON'T KNOW/NOT SURE

DIAH5

5. In the past 6 months, did you get information on monitoring blood sugar?

1 YES

2 NO

d DON'T KNOW/NOT SURE

DIAH6

6. (In the past 6 months, did you get) information on foot care?

- 1 YES
- 2 NO
- d DON'T KNOW/NOT SURE

DIAH7

7. (In the past 6 months, did you get) information on how often you should see the eye doctor?

- 1 YES
- 2 NO
- d DON'T KNOW/NOT SURE

DIAH8

8. (In the past 6 months, did you get) information on alcohol use?

- 1 YES
- 2 NO
- d DON'T KNOW/NOT SURE
- n DON'T USE ALCOHOL

DIAH9

9. (In the past 6 months, did you get) information about stopping smoking?

- 1 YES
- 2 NO
- d DON'T KNOW/NOT SURE
- n DON'T SMOKE

DIAH10

10. (In the past 6 months, did you get) information on how to lower your cholesterol?

- 1 YES
- 2 NO
- d DON'T KNOW/NOT SURE
- n CHOLESTEROL IS NOT HIGH/R NOT SURE IF CHOLESTEROL IS HIGH

These next questions are about materials or programs you may have received or taken part in during the past 6 months.

DIAH11

11. (In the past 6 months) did you get any materials, like a newsletter, magazine, pamphlet, or videotape on caring for diabetes?

- 1 YES
- 2 NO

DIAH12

12. (In the past 6 months) did you get any one-on-one educational or counseling session(s) on caring for diabetes?

- 1 YES
- 2 NO

DIAH13

13. (In the past 6 months) did you attend any group classes to learn more about diabetes?

- 1 YES
- 2 NO

DIAH14

14. (In the past 6 months) did you use a book to record your blood sugar test results?

- 1 YES
- 2 NO

DIAH15

15. (In the past 6 months) did you attend any support group meetings with others who have diabetes?

1 YES

2 NO

DIAH16

16. (In the past 6 months) were you given a health advice telephone line you can call if you have questions about your diabetes?

1 YES

2 NO

## **J. Demographics**

### ***Health Insurance***

DIAJ5

5. Do you have any kind of health insurance, or are you enrolled in any kind of program that helps to pay for your health care?

1 YES

2 NO → SKIP TO QUESTION DIAJ9 ON NEXT PAGE

DIAJ6

6. Do you belong to a health maintenance organization or HMO?

1 YES

2 NO

DIAJ7

7. Does your insurance plan or program allow you to go to any doctor you want or does it require you to choose from a group or list of doctors?

- 1 ANY DOCTOR
- 2 SELECT FROM GROUP OR LIST
- d DON'T KNOW

DIAJ8

8. Does your insurance plan or program pay all, part or none of the cost for:

	<u>ALL</u>	<u>PART</u>	<u>NONE</u>	<u>DON'T KNOW</u>
a. Prescription medicine? .....	1	2	3	d
b. Glucose monitors? .....	1	2	3	d
DEFINITION: A glucose monitor is a machine you use at home to check your blood sugar levels.				
c. Glucose strips? .....	1	2	3	d

DIAJ9

9. On average, how much do you spend out of your own pocket each month on prescription medicines? Is it:

- 0 Nothing,
- 1 Less than \$20,
- 2 \$20 to \$50 dollars,
- 3 \$51 to \$100 dollars, or
- 4. More than \$100?

DIAJ10

10. In the last 6 months, have you ever had to go without health care or medicine that you needed because you needed the money for food, clothing, housing, etc.?

- 1 YES
- 2 NO

**Utilization**

DIAJ11

11. Is (FILL PILOT OR CONTROL CARE LOCATION) the place you go most often for care related to your diabetes?

- 1 YES → SKIP TO QUESTION 13
- 2 NO

DIAJ12

12. What is the name of the place you go to most often for care related to your diabetes?

ENTER PLACE NAME (ALLOW 50): \_\_\_\_\_ SKIP  
TO Q15 ON NEXT PAGE

**NOTE: HERE IS THE ALTERNATE VERSION OF 11-12 FOR SITES IN WHICH THE CONTROL AND PILOT SAMPLES ARE IDENTIFIED BY PROVIDER NOT CLINIC NAME.**

DIAJ11

11. Is (FILL NAME OF PILOT OR CONTROL DOCTOR) the doctor you see most often for care related to your diabetes?

- 1 YES → SKIP TO QUESTION 13
- 2 NO

DIAJ11

12. What is the name of the doctor you see most often for care related to your diabetes?

ENTER PLACE NAME (ALLOW 50): \_\_\_\_\_ SKIP  
TO Q15a ON NEXT PAGE

DIAJ13

13. How long does it usually take you to get to (FILL SITE NAME)?

ENTER NUMBER: \_\_\_\_ (0-99)

CODE UNIT:

- 1 MINUTES

DIAJ15a

15a. In the past 6 months, how many times did you go to the emergency room to get care for yourself? (Your best estimate is fine.)

PROBE: Include all of your health care in your answer, not just care related to your diabetes.

ENTER NUMBER: \_\_\_\_\_ (acceptable range is 0-15 times)

DIAJ15b

15b. In the past 6 months, how many times did you go spend one night or more in the hospital? (Your best estimate is fine).

PROBE: Include all of your health care in your answer, not just care related to your diabetes.

ENTER NUMBER: \_\_\_\_\_ (acceptable range is 0-15 times) IF ZERO SKIP TO J15c

IF J15b = 1

DIAJ15b1

J15b1. How many nights did you spend in the hospital?

ENTER NUMBER: \_\_\_\_\_ (acceptable range is 0-50 nights) SKIP TO DIAJ15c

IF J15b ≥ 2 (ALL OTHERS SKIP TO DIAJ15c)

DIAJ15b2

J15b2. Think about your last hospital stay, how many nights was it?

ENTER NUMBER: \_\_\_\_\_ (acceptable range is 0-50 nights)

IF J15b ≥ 3 (ALL OTHERS SKIP TO DIAJ15c)

DIAJ15b3

J15b3. Now the stay before that one – how many nights was it?

ENTER NUMBER: \_\_\_\_\_ (acceptable range is 0-50 nights)

IF J15b ≥ 4 (ALL OTHERS SKIP TO DIAJ15c)

DIAJ15b4

J15b4. Now the stay before that one – how many nights was it?

ENTER NUMBER: \_\_\_\_\_ (acceptable range is 0-50 nights)

DIAJ15c

15c. Think about all the doctor's offices and clinics you've visited for health care in the last 6 months. In total, about how many visits have you made to get care for yourself? (Your best estimate is fine.) Was it:

PROBE: Include all of your health care in your answer, not just care related to your diabetes.

- 0 None
- 1 1 to 3 visits,
- 2 4 to 6,
- 3 7 to 9, or
- 3 More than 10 visits?

DIAJ16

16. During the last month, how many days did your health keep you in bed all day or most of the day?

ENTER DAYS \_\_\_\_\_ (0-31)

***Marital Status and Household Composition***

DIAJ19

19. At this time, are you married or living with a partner?

- 1 YES
- 2 NO

DIAJ20

20. What is your current living arrangement? Right now, are you living . . .

(CODE ALL THAT APPLY)

- 0 Alone,
- 1 With your spouse or partner,
- 2 With others who are related to you,
- 3 With others who are not related to you

***Employment***

DIAJ21

21. Right now, are you working for pay?

- 1 YES → SKIP TO QUESTION 23
- 2 NO

DIAJ22

22. Is that because of your health?

- 1 YES → SKIP TO QUESTION 24 ON NEXT PAGE
- 2 NO → SKIP TO QUESTION 24 ON NEXT PAGE

DIAJ23

23. During the last month, about how many days of work did you miss because of illness?

ENTER DAYS \_\_\_\_\_ (0-31)

**K: ORAL CONSENT FOR MEDICAL RECORD REVIEW (NEW FOR FOLLOW-UP)**

>check<

We will send you a \$10 check for completing this interview. I want to be sure we have your correct address and phone number.

The address I have for you is:

[fill STREET]

[fill CITY] [fill STATE], [fill ZIP]

Is this correct?

1 NO

5 YES

@

[@]<5,r>[goto K2] <1>

>K1a< [missing <r> <d>][optional all]

What is your correct address? ENTER CORRECTIONS OR NEW ADDRESS

STREET ADDRESS: @1

CITY: @2

STATE: @3

ZIP: @4

[@1][allow 40]

[@2][allow 20]

[@3][allow 2]

[@4][allow 5]

>mail1< **NEW ITEM READ TO ALL PATIENTS AT FOLLOW-UP (approved by head of RAND's IRB)**

You may remember that the letter from [FILL SITE CO-SIGNER] of [SITE] and Dr. Emmett Keeler of RAND said that we would like to combine your answers to the interviews with a review of your health care records at [SITE]. Your health care records include your medical charts, and any information [SITE] may have about the cost of your care, pharmacy use, tests and procedures, as well as general administrative data.

I'm asking for your permission to have a member of our study team look at your health care records at [SITE] to collect information RAND researchers can use to get the full picture of your care for [CONDITION]. Your decision is voluntary and will not affect the care you get from [SITE]. Do you give your OK for our study staff to look at your health care record from [SITE]?

IF NEEDED: Any and all information that can be used to identify you will be kept strictly confidential. Your interview answers and health care record data will be used only for the purposes of this study. RAND will not release your information to anyone without your prior consent, except as required by law.

IF NEEDED: RAND will give [SITE] a report that combines your information with the information we get from other patients treated there. All information will be reported as group summaries and other group statistics. No individual patient information will be given to your doctors or anyone else at [SITE].

- 1 YES, CAN LOOK AT HEALTH CARE RECORD
- 2 NO, REFUSES HEALTH CARE RECORD
- 3 UNDECIDED AT THIS TIME

>nopanel2< [nodata]

That's all of the questions I have for you today. You should receive your \$10 check in the next 4 weeks. Thank you for your help.

@ [goto END]

>EKTIME< [allow 4]

[if EKTIME eq <>]

[settime EKTIME]

[endif]

[goto chck]