

INTERVIEW

OTHER DIABETES DIAGNOSIS: SUPPLEMENTAL QUESTIONNAIRE

Overview

The diabetes diagnosis questionnaire, is used to obtain accurate information about subject diagnosis of other types of diabetes, Type 2, Gestational, or Other.

This questionnaire will be included in the Annual Update for all subjects and repeated yearly.

Identifying; the diagnosis of other forms of diabetes will be useful in analysis of samples, biometrics and questionnaire data.

Specific instructions: Questions are to be asked verbally, staff should be completing this form. First question, **Have you been diagnosed with diabetes?**, to determine if there has been a diagnosis of any other form of diabetes. If the answer is No, staff should then ask the last question on the form, **Have your parents or siblings been diagnosed with diabetes?** If no, form is complete, if yes; staff should obtain as much information as possible and document, Name, ID#, Type of diabetes, date or age diagnosed and if this person has ever taken Insulin shots? Form is complete should be returned to Michelle Hoffman. (Parents and siblings are not DAISY cohort, additional information is not necessary)

Question1, **Have you been diagnosed with diabetes?** If the answer is YES, obtain date of diagnosis, month and year is adequate if actual date is unknown.

Document type of diagnosis, Type 2, Gestational or Other. Other forms of diabetes can be written in, open text.

Obtain as much information as possible in relation to the diagnosis i.e. Where was the diagnosis made? Dr Office, ER. Obtain provider name. Was subject hospitalized? DAISY would like to obtain medical records about the diagnosis, this information will allow the request for information being sent to the appropriate facility. Please ask, **Can DAISY obtain your medical records in regards to this diagnosis?** If No, document the choice and move on to the next section. If yes, have subject (or parent if subject is less than 18 years of age) complete a Release of Medical Information form. (the form can be found in each clinic room) Return the release along with the completed questionnaire to Michelle Hoffman.

Complete each section. Obtain blood sugar and A1c at time of diagnosis, document answers in correct fields, if unknown, document UNK in appropriate fields.

Complete symptoms section: These are symptoms the subject experienced PRIOR to the diagnosis of their diabetes. Mark all that apply.

Questions about treatment may provide additional information about diagnosis.

Have you ever taken Insulin shots? If no question is complete, if YES, then ask secondary follow-up question, If YES, are you still using insulin?

Continue with **How did/do you treat your diabetes?** Mark all that apply, Life style changes will be reflected in Diet and Exercise. If oral medications are prescribed please list diabetes medications in open text field. DAISY does not want a list of all medications only those used to treat their diabetes.

Again, complete parent/sibling section.
Return form to DAISY CLINIC COORDINATOR