

d. Were any of the times in the PAST 6 MONTHS that you stayed in a hospital overnight not provided or paid for, at least in part, by health insurance? No Yes
(1) (2)
If no, go to Question B.2.

i) During the PAST 6 MONTHS, how many times was your stay in the hospital not provided or paid for by your health insurance?
(Enter total number of times) _____

ii) During the PAST 6 MONTHS, how many total nights in the hospital were not provided or paid for by your health insurance?
(Enter total number of nights) _____

2. Please indicate which of the following types of doctors you have ever visited, and the date of your MOST RECENT VISIT.

	Have you ever seen this type of doctor?		Date of Most Recent Visit (Month/Year)
	No	Yes	
a. An <u>ENDOCRINOLOGIST</u> M.D. or diabetes specialist	(1)	(2)	___ ___/___ ___
b. An <u>OPHTHALMOLOGIST</u> M.D. (eye specialist) for an eye check-up for diabetes.	(1)	(2)	___ ___/___ ___
c. An <u>OPHTHALMOLOGIST</u> M.D. (eye specialist) for some other reason (glasses, cataracts)	(1)	(2)	___ ___/___ ___
d. An <u>OPTOMETRIST</u> (Not an M.D.)	(1)	(2)	___ ___/___ ___

Have you ever seen this type of doctor?
No Yes
Date of Most Recent Visit (Month/Year)

e. A CARDIOLOGIST (heart specialist) for heart problems (1) (2) ___ ___/___ ___

f. A PODIATRIST (foot specialist) for foot problems (1) (2) ___ ___/___ ___

g. A NEPHROLOGIST (kidney specialist) for kidney problems (1) (2) ___ ___/___ ___

h. The doctor who takes care of your diabetes (family practitioner, GP or internist) (1) (2) ___ ___/___ ___

i. Some other type of doctor for (please specify):
_____ (1) (2) ___ ___/___ ___

3. During the PAST 6 MONTHS, were you a patient in a nursing home? No Yes
(1) (2)
If no, go to Question B.4

a. How many nights all together during the PAST 6 MONTHS did you stay in the nursing home?
(Enter total number of nights) _____

4. On average, how many visits PER YEAR does the doctor who treats your diabetes recommend that you make to:
 (Circle one for each item)

	More than 2 visits per year	About two visits per year	About one visit per year	Less than one visit per year	Does Not Recommend
a. Eye doctor (ophthalmologist/optometrist)	(1)	(2)	(3)	(4)	(5)
b. Foot doctor (podiatrist)	(1)	(2)	(3)	(4)	(5)
c. Health education specialist (such as a teaching nurse)	(1)	(2)	(3)	(4)	(5)
d. Dietitian or nutritionist	(1)	(2)	(3)	(4)	(5)

5. During the PAST 2 WEEKS, how many total visits (i.e. separate trips) to doctors did you make? (Do not count today) (Enter total number of visits):

6. During the PAST 6 MONTHS, have you seen any of the following health care providers?
 (Do not include visits by providers while you were in a hospital overnight.)

**HOW MANY OF THESE VISITS WERE
 AT LEAST PARTLY PAID FOR BY:**

	No Yes		How many visits did you make? (Enter Number of Visits)	HOW MANY OF THESE VISITS WERE AT LEAST PARTLY PAID FOR BY:		
				Your health insurance (Enter Number of Visits)	Other insurance (Enter Number of Visits)	Completely paid for by yourself (Enter Number of Visits)
a. Doctor who usually takes care of your diabetes for management of your diabetes (May include an Internist, Family Practitioner, or a diabetes specialist)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
b. Diabetes specialist or Endocrinologist for a special diabetes management visit	(1)	(2)	___ ___	___ ___	___ ___	___ ___
c. Ophthalmologist M.D. (eye specialist)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
d. Optometrist (not an M.D.)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
e. Cardiologist (heart specialist)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
f. Nephrologist (kidney specialist)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
g. Surgeon	(1)	(2)	___ ___	___ ___	___ ___	___ ___

6. (continued)

**HOW MANY OF THESE VISITS WERE
AT LEAST PARTLY PAID FOR BY:**

	How many visits did you make? (Enter Number of Visits)		Your health insurance (Enter Number of Visits)	Other insurance (Enter Number of Visits)	Completely paid for by yourself (Enter Number of Visits)
	No	Yes			
h. Urologist (treats bladder and kidney problems, impotence)	(1)	(2)	___ ___	___ ___	___ ___
i. Psychiatrist or Psychologist	(1)	(2)	___ ___	___ ___	___ ___
j. General Internist or Family Practitioner (for medical purposes other than your diabetes management)	(1)	(2)	___ ___	___ ___	___ ___
k. Podiatrist (foot specialist)	(1)	(2)	___ ___	___ ___	___ ___
l. Nurse Practitioner or Physician Assistant	(1)	(2)	___ ___	___ ___	___ ___
m. Dietitian or Nutritionist	(1)	(2)	___ ___	___ ___	___ ___
n. Other provider (please specify): _____	(1)	(2)	___ ___	___ ___	___ ___

7. During the PAST 6 MONTHS, how many total visits (i.e., separate trips) to all health care providers (doctors, nurses, dietitians, psychologists) did you make? (Enter total number of visits)

___ ___ ___

8. During the PAST 6 MONTHS have you had any of the following laboratory tests, x-rays, or procedures?
 (Do not count tests that were done while you were in a hospital overnight).

**HOW MANY OF THESE TESTS WERE
 AT LEAST PARTLY PAID FOR BY:**

	No	Yes	How many times? (Enter Number)	HOW MANY OF THESE TESTS WERE AT LEAST PARTLY PAID FOR BY:		
				Your health insurance (Enter Number of tests)	Other insurance (Enter Number of tests)	Completely paid for by yourself (Enter Number of tests)
a. Glycosylated hemoglobin or hemoglobin A1c test	(1)	(2)	___ ___	___ ___	___ ___	___ ___
b. Blood glucose (done by doctor's office, laboratory or clinic)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
c. Other blood tests	(1)	(2)	___ ___	___ ___	___ ___	___ ___
d. Electrocardiogram (ECG)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
e. Echocardiogram	(1)	(2)	___ ___	___ ___	___ ___	___ ___
f. Stress test (treadmill test)	(1)	(2)	___ ___	___ ___	___ ___	___ ___
g. Chest x-ray	(1)	(2)	___ ___	___ ___	___ ___	___ ___
h. Urine tests	(1)	(2)	___ ___	___ ___	___ ___	___ ___
i. Other major tests, such as specialized x-rays (please specify):						
_____	(1)	(2)	___ ___	___ ___	___ ___	___ ___
_____	(1)	(2)	___ ___	___ ___	___ ___	___ ___
_____	(1)	(2)	___ ___	___ ___	___ ___	___ ___
_____	(1)	(2)	___ ___	___ ___	___ ___	___ ___
_____	(1)	(2)	___ ___	___ ___	___ ___	___ ___

C. REIMBURSEMENTS

1. Do you have health insurance or coverage that provides any reimbursement for your expenses related to caring for your diabetes? **No Yes**
 (1) (2)

If NO, then go to Section D.

If Yes, check all that apply and how it was obtained.

Do you have :

	Yes	INSURANCE PROVIDED BY:			
		Your Employment	Spouse's Employment	Parent's Employment	Private Money
a. Medicare	(1)				
b. Medicaid	(1)				
c. Some other government health insurance plan (e.g. military, CHAMPUS/VA)	(1)	(1)	(2)	(3)	(4)
d. Blue Cross/Blue Shield	(1)	(1)	(2)	(3)	(4)
e. Membership in an HMO or other prepaid health plan (PPO, etc)	(1)	(1)	(2)	(3)	(4)
f. Some other private health insurance plan	(1)	(1)	(2)	(3)	(4)
g. Other, specify: _____	(1)	(1)	(2)	(3)	(4)

2. Does your health insurance provide any reimbursement for:
- | | No | Yes | Don't Know/
Uncertain |
|--|-------|-------|--------------------------|
| a. Insulin | (1) | (2) | (3) |
| b. Blood glucose testing meters | (1) | (2) | (3) |
| c. Blood glucose testing strips | (1) | (2) | (3) |
| d. Glucose tablets or glucagon | (1) | (2) | (3) |
| e. Syringes | (1) | (2) | (3) |
| f. Infusion pump supplies | (1) | (2) | (3) |
| g. Glycosylated hemoglobin or hemoglobin A1c test | (1) | (2) | (3) |
| h. Doctor's visits | (1) | (2) | (3) |
| i. Diabetes education services from a nurse or the services of a dietitian | (1) | (2) | (3) |
| j. Services of a mental health professional | (1) | (2) | (3) |
| k. Hospitalization due to diabetes complications | (1) | (2) | (3) |

D. HEALTH CARE SCHEDULING

1. In the PAST YEAR, did you have any health problem(s) or condition(s) that you would have liked to have seen a doctor or other medical person about, but you did not? **No (1) Yes (2)**

If NO, go to Question 2.

If YES, indicate below the reasons that explain why you did not see a doctor for this problem or condition (check all that apply):

<u>Reason</u>	<u>Condition</u>			
	General Diabetic Care	Eye Care	Foot Care	Other, specify: _____
a. Did not think that the condition was serious	(1)	(1)	(1)	(1)
b. Thought the visit would cost too much	(1)	(1)	(1)	(1)
c. Did not have time	(1)	(1)	(1)	(1)
d. Could not get an appointment, office hours were inconvenient	(1)	(1)	(1)	(1)
e. Did not have a way to get to the doctor	(1)	(1)	(1)	(1)
f. Did not have anyone to care for the children	(1)	(1)	(1)	(1)
g. Felt the doctor could not do much for the condition	(1)	(1)	(1)	(1)
h. Were afraid of finding out what was wrong	(1)	(1)	(1)	(1)
i. Other, specify: _____	(1)	(1)	(1)	(1)

2. In the PAST YEAR, do you feel that you delayed seeing a doctor or other medical person longer than you should have? **No (1) Yes (2)**

If YES, what was the principal reason why?
(Check only one)

- a. Could not get an appointment, office hours were inconvenient. (1)
- b. The costs of medical care were too high. (2)

- c. You did not have time to see a doctor. (3)
- d. You did not have a way to get to the doctor. (4)
- e. You thought the problem would go away. (5)
- f. You did not have anyone to care for the children. (6)
- g. Other, specify: _____ (7)

E. SETTING OF USUAL HEALTH CARE

1. Which medical setting (check only one) best describes where you most often receive medical care?

- a. A doctor's private office (1)
- b. A hospital outpatient diabetes clinic (2)
- c. A hospital emergency room (3)
- d. A health center (4)
- e. A company clinic (5)
- f. Other, specify: _____ (6)

2. Who is currently giving you your diabetes care?

- a. EDIC staff (1)
- b. Another physician at EDIC site (2)
- c. Another physician at separate site (3)