

## Module 5

**We would like to know more about what you do to manage your diabetes.**

**1. Do you wear or carry anything that says you have diabetes, like a card or bracelet?  
(Check all that apply)**

- Yes, I wear a necklace, bracelet, charm, or have a diabetes tattoo {wear\_necklace}
- Yes, I carry an identification card {wear\_idcard}
- Yes, I have identification but do not wear or carry it {wear\_idnocarry}
- No, I do not have identification about diabetes {wear\_noid}
- Other (specify) {wear\_oth} \_\_\_\_\_ {wear\_spec} \_\_\_\_\_
- Don't know {wear\_dk}

**2. People with diabetes receive different advice about what to eat for their diabetes and/or other health conditions. Please indicate below what advice you have received from dietitians or other health care providers about what to eat or drink, and how often you do these things.**

Dietary advice	Have you ever received this advice?			How often do you do this?		
	Yes	No	Don't know	Often	Sometimes	Never
Keep track of calories	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {calories1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {calories2_splq}
Count carbohydrates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {carbohydrates1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {carbohydrates2_splq}
Choose low glycemic index foods (foods that tend to raise blood sugar slowly)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {glycemic1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {glycemic2_splq}
Use dietary exchanges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {dietaryExchanges1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {dietaryExchanges2_splq}
Keep track of fat grams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatGrams1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatGrams2_splq}
Limit sweets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {limitSweets1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {limitSweets2_splq}
Limit high fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatFoods1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatFoods2_splq}
Drink more milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreMilk1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreMilk2_splq}
Eat more fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFruits1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFruits2_splq}
Eat more fiber and whole grains	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFiber1_splq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFiber2_splq}
Avoid wheat or other foods that contain gluten	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {gluton1}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {gluton2}

3. Has your diabetes provider taught you how to adjust or change your insulin depending on how much or what kinds of food you eat? {adjustWhatEat\_splq}

- Yes → **How often do you adjust or change your insulin based on what you have eaten?**
- |                                |                                    |                                |                         |
|--------------------------------|------------------------------------|--------------------------------|-------------------------|
| <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | {adjustInsulinEat_splq} |
|--------------------------------|------------------------------------|--------------------------------|-------------------------|
- No  
 Does not apply – insulin not prescribed  
 Don't know

4. How much of your diabetes care do you do for yourself? Would you say: (Check one response)

{selfcare\_heaq\_s4}

- None  76 – 99%  
 Less than 25%  All → **Please go to Question 6**  
 25 – 50%  Don't know  
 51 – 75%

5. Who helps you with your diabetes care? (Check all that apply)

- Parent/stepparent/guardian {helppare\_heaq}  Friend {helpfriend}  
 Grandparent {helpgran\_heaq}  Other (specify) {helpothe\_heaq} {helpothspec}  
 Brother/sister {helpsibl\_heaq}  Don't know {helpdk}  
 Spouse/partner {helpspouse}

6. In general, how would you rate your overall health now? {overallhealth\_qocs}

- Excellent  Very good  Good  Fair  Poor

7. How would you rate your diabetes control? {pardmcon\_heaq\_s4}

- Excellent  Very good  Good  Fair  Poor

8. A test for hemoglobin A1C ("A one C") measures the average level of blood sugar over the past three months. What was your most recent hemoglobin A1C?

- .  {a1clevel}  Don't know {a1cleveldk}  
(write in number)

9. What hemoglobin A1C do you want to have?

- .  {A1CPreferred\_QOCS}  Don't know {A1CPreferred2\_QOCS}  
(write in number)