

Module 13

We would like to know a little more about the health care that you have received in the last 12 months.

1. Which of the following types of diabetes information have you received from your doctor's office or health care plan? (Check all that apply)

- Information about diabetes camp [{infdmcam_heaq}](#)
- Information about diabetes support groups [{infdmsup_heaq}](#)
- Written materials about diabetes such as pamphlets or newsletters [{infdmpam_heaq}](#)
- Videos or audio tapes [{infdmvid_heaq}](#)
- Reminder about upcoming appointments [{apptremi_heaq}](#)
- A copy or explanation of diabetes laboratory or test results [{copylabr_heaq}](#)
- Diabetes information or advice by telephone [{infdmtel_heaq}](#)
- Diabetes information or advice in person [{infdminp_heaq}](#)
- How to get diabetes information online [{infdmnet_heaq}](#)
- Information about diabetes research studies other than this study [{infdmrea_heaq}](#)
- None [{infdmnone}](#)
- Other (specify) [{infdmoth}](#) _____ [{infdmotsp}](#)
- Don't know [{infdmk}](#)

2. Has your doctor or other health care provider talked to you about the following:

	Yes	No	Don't know	Not applicable
What to do for low blood sugar {lowBloodSugar_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
What to do for high blood sugar {highBloodSugar_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Appropriate physical activity for you {physicalActivity_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dietary guidelines for diabetes {DietaryGuidelines_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
What a target blood sugar is for you {targetBloodSugar_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How to adjust insulin or diabetes medication when you are sick {adjustinsulinSick_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Psychological issues you and your family may face around having diabetes {Psychological_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Who you can go to for general information about diabetes {generalInfo_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diabetes and pregnancy {talkdmpreg}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Alcohol and diabetes {talkdmalc}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Tobacco use and diabetes {talkdmtobacco}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Driving and diabetes {talkdmdrive}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Changing from pediatric to adult care {talkdmtrans}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. A test for hemoglobin A1C ("A one C") measures the average level of blood sugar over the past three months. About how many times in the last 12 months has a doctor or other health care provider checked your hemoglobin A1C? {alc_qocs}

- None Once Twice Three or more times Don't know

4. In the last 12 months, how often has your blood pressure been checked during visits to your doctor's office? {pressurechecked_qocs}

- Every visit Most visits At least once Never Don't know

5. When was the last time you had an eye exam where your pupils were dilated (drops in your eyes that make eyes temporarily sensitive to bright light) or diabetes eye pictures were done? {eyeexam_qocs}

- In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

6. When was the last time you had a urine test at the doctor's office to check your kidney function? {urinetest_qocs}

- In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

7. When was the last time your doctor took a sample of your blood to test for cholesterol or the amount of fat in your blood? {cholesterol_qocs}

- In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

8. When was the last time you took off your shoes and socks in your doctor's office to have your feet examined? {lastfootexam_qocs}

- In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

9. Have you ever been referred to a specialist (eye, kidney, nerve/neurologist) for any issues related to your diabetes? [{specialistdm}](#)

Yes No Don't know

10. When talking with your health care providers in person, on the phone, or via email, how often do you feel they:

	Never	Sometimes	Often	Always	Don't know
Listen carefully to you? {listencarefully_qocs_s4}	<input type="checkbox"/>				
Explain things in a way you can understand? {explainthings_qocs_s4}	<input type="checkbox"/>				
Show respect for what you have to say? {showrespect_qocs_s4}	<input type="checkbox"/>				
Spend enough time with you? {spendenoughtime_qocs_s4}	<input type="checkbox"/>				

11. How often do your doctors or other health care providers make it easy for you to discuss your questions or concerns about your health care? [{makeiteasy_qocs_s4}](#)

Never Sometimes Often Always Don't know

12. How often do you have your questions answered by your doctors or other health care providers? [{howoftenanswered_qocs_s4}](#)

Never Sometimes Often Always Don't know

13. How often do you feel your doctor or health care provider gives you a full answer or explanation with all of the information you need? [{docexplain}](#)

Never Sometimes Often Always Don't know