

Referred patient/telephone survey

Hello (patient name), my name is _____, from [your institution].

Your physician referred you to [us] for diabetes education within the past 12 months. Would you be willing to answer a few questions that would help us with designing diabetes education services to meet the needs of people with diabetes? This will take approximately 5 minutes and we will mail you a check for \$10.00 for completing the survey.

If no, respond with: "Thank you for your time. Have a good day."

If yes, begin survey with:

Diabetes self management is the set of skills a person with diabetes uses to keep blood sugar levels normal and avoid the diabetes complications. Skills such as home blood testing, carbohydrate counting, taking medications and daily exercise are 4 examples of self management skills.

1. When you were told you had diabetes how did you get the education and training you needed so you had the diabetes self management skills you need?

- Your doctor talked to you
 - The nurse in your doctor's office talked to you
 - You went to see a dietician about your diet
 - You read pamphlets and books about diabetes
 - You used the internet
 - You went to diabetes classes
 - You talked to your pharmacist
 - You learned from a family member who has diabetes
 - Other _____
- _____
- _____

2. Do you feel that you are doing a good job at diabetes self management?

yes no

Please explain: _____

3. Our records show that your doctor or nurse referred you to attend diabetes classes or to see a diabetes educator or dietician

4. Did you go? _____ No (if no go to question 5)

_____ Yes (if yes skip to question 7)

5. Please list all the reasons why:

6. If you wanted to learn about diabetes self management, what would be the best way for you to learn these skills? (skip to question 10)

7. If you did go to a class or see a diabetes educator, what did you learn?

8. Do you feel the classes and education you received from a diabetes educator helped you better understand and manage your diabetes? _____ Yes _____ No

List any ways you feel these classes or sessions could be improved

9. If you wanted to learn more about diabetes self management, what would be the best way for you to learn these skills?

When diabetes is well controlled patients have a hemoglobin A1 C test result of 7 or less. This blood test is usually done several times a year.

10. Have you ever had this test? _____ Yes _____ No

11. How often do you have the test? _____

12. What are your most recent hemoglobin A1 C results? _____

13. How many times a year do you see your doctor? _____

End survey:

Thank you for participating in our survey. This information will help us make improvements in our diabetes education services.

Please provide me with your mailing address if you would like us to mail you the \$10 for completing this survey.

Demographics of respondent

Age:

Gender:

Town:

Employment status:

Insurance status:

Number of years diagnosed:

Current treatment

Current PCP
