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)

This product was developed by the Move More Program at MaineGeneral Health in Waterville, ME with support from the Robert Wood Johnson Foundation® in Princeton, NJ.
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

______________________________________________________________________________

______________________________________________________________________________

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