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DIABETES PATIENT SURVEY

Diabetes is one of the most important health problems in the United States. You can help our office give you the best possible care for your diabetes by completing this survey.

We hope you will answer the questions. No one here will know how you answered the questions. And if you choose to not answer, that's okay.

The survey is easy to do. It will take less than ten minutes. You can do it by using the phone or over the Internet.



USE A TOUCH-TONE PHONE

You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-800-841-6024**
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.



USE THE INTERNET

- Go to www.abim.org/survey
- Select English or Spanish
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit Survey" button

Thank you very much.

1. **How would you rate your overall health?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
2. **In the past 12 months, how much did your health interfere with your normal work or daily activities, including work outside the home and housework?**
 - 1 Not at all
 - 2 A little bit
 - 3 Moderately
 - 4 Quite a bit
 - 5 Extremely
3. **Has your doctor or someone in the doctor's office taken your blood pressure within the past 12 months?**
 - 1 Yes, and it was fine
 - 2 Yes, and it was too high
 - 3 Yes, but I don't know what it was
 - 4 No, it hasn't been taken within the 12 past months
 - 5 I'm not sure
4. **Has your cholesterol been tested within the past 12 months?**
 - 1 Yes, and it was fine
 - 2 Yes, and it needed improvement
 - 3 Yes, but I don't know what it was
 - 4 No, it hasn't been tested within the past two years
 - 5 I'm not sure
5. **Has your hemoglobin A1C been tested within the past 12 months?**
 - 1 Yes, and it was fine
 - 2 Yes, and it was too high
 - 3 Yes, but I don't know what it was
 - 4 No, it hasn't been tested within the past 12 months
 - 5 I'm not sure
6. **How is this practice at showing understanding of what it is like to live with diabetes?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
7. **How is this practice at encouraging you to ask questions and answering them clearly?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
8. **How is this practice at making sure you understand your recommended eating plan?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
9. **How often do you follow your recommended eating plan?**
 - 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Never
 - 5 I don't have a recommended eating plan
10. **How often do you (or whoever buys your groceries) read the Nutrition Facts label on food items to decide whether or not to buy them?**
 - 1 Most of the time
 - 2 Some of the time
 - 3 Almost never
 - 4 I'm not sure

11. How is this practice at making sure you have the information you need to take your medications properly?
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
12. How is this practice at giving you information about side effects of your medications?
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
13. How is this practice at making sure you have the information you need to take care of your feet?
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
14. During the past two weeks, how often did you examine your feet?
- 1 Daily or almost every day
 - 2 A few times a week
 - 3 Once a week
 - 4 Once
 - 5 Not at all
 - 6 Not applicable
15. How is this practice at making sure you check your blood sugar at home?
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
16. If you have a blood sugar meter, during the past two weeks, how often did you test your blood sugar?
- 1 Twice a day or more
 - 2 About once a day
 - 3 A few times a week
 - 4 Less than once a week
 - 5 I do not have a blood sugar meter
17. Do you know what to do if you have symptoms of low blood sugar?
- 1 Yes, definitely
 - 2 Yes, somewhat
 - 3 No
18. Do you know what your fasting blood sugar should be?
- 1 Yes, definitely
 - 2 Yes, somewhat
 - 3 No
19. Do you know what your blood sugar two hours after a meal should be?
- 1 Yes, definitely
 - 2 Yes, somewhat
 - 3 No
20. During a typical week, how many days do you get a total of at least 30 minutes of exercise or physical activity that raises your heart rate?
21. Do you smoke cigarettes?
- 1 Yes
 - 2 No
22. If you smoke, has your doctor advised you to stop?
- 1 Yes, more than once
 - 2 Yes, once
 - 3 No
 - 4 I'm not sure
23. Has your doctor advised you to take an aspirin tablet every day?
- 1 Yes, and I take it regularly
 - 2 Yes, but I do not take it regularly
 - 3 No, my doctor has not told me to take aspirin every day
 - 4 Not applicable; I cannot take aspirin



24. In the past 12 months, has your doctor, someone on the doctor's staff or a foot doctor examined your feet with your shoes and socks off?
- 1 Yes
 - 2 No
 - 3 Unsure
 - 4 Not applicable
25. Did you get a flu shot during the past 12 months?
- 1 Yes
 - 2 No
 - 3 Unsure
26. During the past 12 months, did you see an eye doctor at least once for an exam where your eyes were dilated with eye drops?
- 1 Yes
 - 2 No
 - 3 Unsure
27. How would you rate your diabetes care overall?
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
28. Would you recommend this practice to family or friends with diabetes?
- 1 Yes
 - 2 No
 - 3 I'm not sure
29. In the past 12 months, how much of a problem has it been to schedule appointments with this practice?
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
30. In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
31. In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
32. In the past 12 months, how much of a problem has it been to get a referral from this practice?
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
33. In the past 12 months, how much of a problem has it been to get your laboratory test results from this practice?
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
34. Please enter the two-digit number that represents your age.
35. Please enter your gender.
- 1 Male
 - 2 Female

Thank you for taking the time to complete this survey.

This survey is part of a program sponsored by the American Board of Internal Medicine.