

NOT FOR DISTRIBUTION FOR REVIEW PURPOSES ONLY

DIABETES PATIENT SURVEY

This survey is part of a program to help doctors improve the care they give patients. The American Board of Internal Medicine (ABIM) sponsors the program.

Diabetes is one of the most important health problems in the United States. You can help our office give you the best possible care by completing this survey about your own medical care. The survey is easy to do. It will take less than 15 minutes. You can do it by using the telephone or the Internet, and no one in your doctor's office will know how you answered the questions. If you choose not to answer, that's okay.

Your doctor's office may offer to collect your written responses and enter them over the Internet for you. This is okay. If you give your completed survey to someone in your doctor's office, they may know how you answered the questions. To help keep your answers private, please do not write your name on the survey.

Important: If you have not had an appointment with this doctor in the last 12 months, these questions will not apply to you. Thank you for your willingness to participate but this survey is intended for patients who recently visited the doctor's office. If you are scheduled to see this doctor soon, you may wish to complete this survey after your visit.



USE A TOUCH-TONE PHONE (For U.S. Residents Only)

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

- Call the toll-free telephone number: **1-888-591-3528**
- 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 (For U.S. and International Residents)

- Go to <https://survey.abim.org>
- 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
 - 6 Skip this question
2. **During 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
 - 6 Skip this question
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 past 12 months
 - 5 I'm not sure
 - 6 Skip this question
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 with in the past 12 months
 - 5 I'm not sure
 - 6 Skip this question
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 Skip this question
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
 - 6 Skip this question
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
 - 6 Skip this question
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
 - 6 Skip this question
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
 - 6 Skip this question
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
 - 5 Skip this question

- 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
 - 7 Skip this question
- 12. How is this practice at giving you the information you need about side effects of your medications?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
 - 7 Skip this question
- 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
 - 7 Skip this question
- 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
 - 7 Skip this question
- 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
 - 7 Skip this question
- 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
 - 6 Skip this question
- 17. Do you know what to do if you have symptoms of low blood sugar?**
- 1 Yes, definitely
 - 2 Yes, somewhat
 - 3 No
 - 4 Skip this question
- 18. Do you know what your fasting blood sugar should be?**
- 1 Yes, definitely
 - 2 Yes, somewhat
 - 3 No
 - 4 Skip this question
- 19. Do you know what your blood sugar two hours after a meal should be?**
- 1 Yes, definitely
 - 2 Yes, somewhat
 - 3 No
 - 4 Skip this question
- 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?**
Press # to skip this question
- 21. Do you smoke cigarettes?**
- 1 Yes
 - 2 No
 - 3 Skip this question
- 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
 - 5 Skip this question

- 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 I cannot take aspirin
 - 5 Skip this question
- 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 I'm not sure
 - 4 Not applicable
 - 5 Skip this question
- 25. Did you get a flu shot during the past 12 months?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
- 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
 - 4 Skip this question
- 27. How would you rate your diabetes care overall?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 28. Would you recommend this practice to family or friends with diabetes?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
- 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
 - 5 Skip this question
- 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
 - 5 Skip this question
- 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
 - 5 Skip this question
- 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
 - 5 Skip this question
- 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
 - 5 Skip this question
- 34. Please enter the two-digit number that represents your age.**
Press # to skip this question
- 35. Please enter your gender.**
- 1 Male
 - 2 Female
 - 3 Skip this question