

**PILI 'Ohana: Partners in Care**

**Participant Assessment Questionnaires and Clinical Form**

**Instructions for Assessors:**

Read (paraphrase) the following paragraph before commencing the interview:

Once again, I would like to thank you for deciding to participate in the Partners in Care diabetes self-management program. Through participating in this program, you will learn ways to better manage and control your diabetes so that you can live healthy with diabetes. In order for us to help you do that, we need to get some information from you, including things you do to manage your diabetes, the help you get from family and friends to manage your diabetes, and how your health care provider helps you manage your diabetes.

We will also measure your hemoglobin A1c, cholesterol, height and weight, and blood pressure. We will take a very small amount of blood from your finger for the hemoglobin A1c and cholesterol tests. We will also give you the results of your tests and explain what they mean.

During the questionnaire, if you do not understand a question, please feel free to ask me and I will repeat it and explain it to you. There are no right or wrong answers. Also, if there are any questions that you feel uncomfortable answering, just let me know and I will move on to the next question.

All of the information that you provide will be kept confidential and will not be shared with anyone outside of this program. Your answers to these questions will not affect your eligibility for the program.

Once again, thank you for participating.

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Participant ID: 

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**A. Demographics**

Date of Visit 

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 Baseline 

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 3-Month F/up 

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1. Date of birth: 

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2. Are you  
<sub>0</sub> Male  
<sub>1</sub> Female

3. What is your marital status?  
<sub>0</sub> Never married  
<sub>1</sub> Currently married  
<sub>2</sub> Divorced or separated  
<sub>3</sub> Widow/widower

4. What is the highest grade you completed in school?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Grade School								High School				Vo-tech/College				Post Grad

5a. Which ethnic groups do you belong to? (Check all that apply)

- <sub>1</sub> Hawaiian
  - <sub>2</sub> Samoan
  - <sub>3</sub> Filipino
  - <sub>4</sub> Marshallese
  - <sub>5</sub> Micronesian (specify): \_\_\_\_\_
  - <sub>6</sub> Chinese
  - <sub>7</sub> Portuguese
  - <sub>8</sub> Latino/Hispanic/Chicano
  - <sub>9</sub> American Indian/Alaska Native
  - <sub>10</sub> Japanese
  - <sub>11</sub> Korean
  - <sub>12</sub> White
- Other (specify): \_\_\_\_\_

5b. Circle the ethnic group you **most identify with**. (Circle only one)

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6. Now I'd like to ask you a few questions about the kind of work you do. Are you:

**Interviewer: check one category**

- <sub>1</sub> Working
- <sub>2</sub> Looking for Work
- <sub>3</sub> Retired
- <sub>4</sub> Keeping house/homemaker
- <sub>5</sub> Student
- <sub>6</sub> Temporarily laid off
- <sub>7</sub> Sick or on maternity leave
- <sub>8</sub> Unpaid family worker
- <sub>9</sub> Permanently disabled
- <sub>10</sub> Other \_\_\_\_\_

7. Now I will read a list of ranges of yearly income. Please tell me when I get to the amount that comes closest to your total family income last year, before you paid taxes and from all sources.

**Interviewer: check one category**

- <sub>1</sub> Under \$2000
- <sub>2</sub> between \$2000 and \$4,999
- <sub>3</sub> between \$5,000 and \$9,999
- <sub>4</sub> between \$10,000 and \$14,999
- <sub>5</sub> between \$15,000 and \$19,999
- <sub>6</sub> between \$20,000 and \$24,999
- <sub>7</sub> between \$25,000 and \$29,999
- <sub>8</sub> between \$30,000 and \$39,999
- <sub>9</sub> between \$40,000 and \$49,999
- <sub>10</sub> between \$50,000 to \$59,999
- <sub>11</sub> between \$60,000 to \$69,999
- <sub>12</sub> \$70,000 and over
- <sub>13</sub> [Doesn't know or refuses]
- <sub>14</sub> [No response]

8. Are you participating in the PILI Ohana weight loss program?

- <sub>0</sub> No
- <sub>1</sub> Yes

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Clinical Data

Time of Assessment: \_\_\_\_\_

Has the participant fasted for at least the past 8 hours? <sub>0</sub> No <sub>1</sub> Yes

1. Hemoglobin A1c value: \_\_\_\_\_ %

2. Total Cholesterol: \_\_\_\_\_ [unit]

LDL: \_\_\_\_\_

HDL: \_\_\_\_\_

Triglycerides: \_\_\_\_\_

3. Blood Pressure

Arm used for measurement

a.    /    mm Hg

Right

Left

b.    /    mm Hg

4. Height (only at baseline)

a.    cm (round to the nearest 10<sup>th</sup>; e.g., if 69.5 cm then round up to 70 cm or if 199.4 cm then round down to 199 cm)

b.    cm

5. Weight

a.    .  kg

b.    .  kg

**B. General Diabetes Questions**

B-1. How old were you when you were **first told that you had diabetes?**

- Age in years
- <sub>7</sub> Don't know/Not sure
- <sub>9</sub> Refused

B-3. Do you test your blood sugar? (check one box)

<sub>1</sub> No      <sub>2</sub> Yes      **→** How many days a week do you test your blood sugar?

\_\_\_\_\_ (days / week)



On days that you test, how many times do you test your blood sugar?

\_\_\_\_\_ (times / day)



Do you keep a record of your blood sugar test results? (check one box)

- <sub>1</sub> No      <sub>2</sub> Yes      <sub>3</sub> Only unusual values

**Go to  
question  
B-4**

<b>B-4</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Refused</b>
a) Are you taking diabetes pills?	1	2	3	4
b) Are you taking insulin?	1	2	3	4
c) Do you have a glucose meter used to check your blood sugar level at home?	1	2	3	4
d) Have you ever taken a course or class in how to manage your diabetes yourself?	1	2	3	4

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B-5. Paying for my diabetes treatment and supplies is a problem.

- <sub>1</sub> Never
- <sub>2</sub> Sometimes/Occasionally
- <sub>3</sub> Always
- <sub>4</sub> Don't know/Not sure
- <sub>5</sub> Refused

**Diabetes Care Profile [MDRTC]**

We would like to know how well you think you understand diabetes self-management activities:

B-6	How do you rate your understanding of: <i>(circle one answer for each question)</i>	Poor	Some what	Good	Very Well	Excellent
	a) ways to manage your diabetes	1	2	3	4	5
	b) coping with stress	1	2	3	4	5
	c) how food affects your blood sugar	1	2	3	4	5
	d) the role of exercise in diabetes care	1	2	3	4	5
	e) medications you are taking	1	2	3	4	5
	f) how to use the results of blood sugar monitoring	1	2	3	4	5
	g) how medicines affect blood sugar levels	1	2	3	4	5
	h) prevention and treatment of high blood sugar	1	2	3	4	5
	i) prevention and treatment of low blood sugar	1	2	3	4	5
	j) prevention of long-term complications of diabetes	1	2	3	4	5
	k) foot care	1	2	3	4	5
	l) benefits of improving blood sugar control	1	2	3	4	5

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**C. Diabetes Support**

The next few questions are about the support you may receive from family and friends for your diabetes.

**C-1. My family or friends help and support me a lot to:**

<i>(circle one answer for each question)</i>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>	<b>Does Not Apply</b>
a) follow my meal plan.	1	2	3	4	5	N/A
b) take my medicine.	1	2	3	4	5	N/A
c) take care of my feet.	1	2	3	4	5	N/A
d) get enough physical activity.	1	2	3	4	5	N/A
e) test my sugar.	1	2	3	4	5	N/A
f) handle my feelings about diabetes.	1	2	3	4	5	N/A

**C-2. My family or friends:**

<i>(circle one answer for question)</i>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
a) accept me and my diabetes.	1	2	3	4	5
b) feel uncomfortable about me because of my diabetes.	1	2	3	4	5
c) encourage or reassure me about my diabetes.	1	2	3	4	5
d) discourage or upset me about my diabetes.	1	2	3	4	5
e) listen to me when I want to talk about my diabetes.	1	2	3	4	5
f) nag me about diabetes.	1	2	3	4	5



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C-3. Who helps you the **most** in caring for your diabetes? (check only one box)

- <sub>1</sub> Spouse
- <sub>2</sub> Other family members
- <sub>3</sub> Friends
- <sub>4</sub> Paid helper
- <sub>5</sub> Doctor
- <sub>6</sub> Nurse
- <sub>7</sub> Case manager
- <sub>8</sub> Other health care professional
- <sub>9</sub> No one
- <sub>10</sub> Other (specify): \_\_\_\_\_

### D. Your Diabetes Self-Care

D-1. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

- \_\_\_ \_\_\_ Number of times
- <sub>0</sub> None
  - <sub>98</sub> Never heard of hemoglobin "A one C" test (**Go to D-4**)
  - <sub>77</sub> Don't know/Not sure
  - <sub>99</sub> Refused

D-2. What has your hemoglobin "A one C" (lab value for overall sugar control) been in the **past six months**?

- <sub>1</sub> Less than 7
- <sub>2</sub> Between 7 and 8
- <sub>3</sub> Between 8 and 9
- <sub>4</sub> Between 9 and 10
- <sub>5</sub> Greater than 10
- <sub>6</sub> Don't know
- <sub>7</sub> Did not have one done

D-3. Based upon that value are you in:

- <sub>1</sub> Excellent condition
- <sub>2</sub> Good condition
- <sub>3</sub> Fair Condition
- <sub>4</sub> Poor Condition

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D-4. Which of the following best describes what “good control” of your diabetes means to you?  
(Please mark only **one** choice):

- <sub>1</sub> You have few or no symptoms.  
 <sub>2</sub> You are able to manage your diabetes without interfering too much with your life.  
 <sub>3</sub> You have low hemoglobin “A one C”s or glycosylated hemoglobins.  
 <sub>4</sub> You have normal or near normal blood glucose levels on your home blood glucose monitor.  
 <sub>5</sub> Other (please specify): \_\_\_\_\_

### Summary of Diabetes Self-Care Activities (SDSCA) (Toobert, DJ 2000)

D-5. The questions below ask you about your diabetes self-care activities during the **past 7 days**. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick.

*(please check one box for each question)*

<b>On how many of the last 7 days did you:</b>	Not at all	2-3 days	4-6 days	7 days
a. take your recommended insulin or diabetes pills?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. take your recommended insulin <b>dose</b> or <b>number</b> of diabetes pills?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. follow a healthful eating plan?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. test your blood sugar at least as often as your doctor has recommended?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. exercise for at least 30 minutes?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. check your feet?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. did you smoke a cigarette?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

### E. Problem Areas In Diabetes

The next questions are about problem areas in diabetes that you may experience. Please tell me which of the following diabetes issues are currently a problem for you?  
(Please read choices for each question)

E-1. Not having clear and concrete goals for your diabetes care?

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> <sub>0</sub><br>Not a<br>problem | <input type="checkbox"/> <sub>1</sub><br>Minor<br>problem | <input type="checkbox"/> <sub>2</sub><br>Moderate<br>problem | <input type="checkbox"/> <sub>3</sub><br>Somewhat<br>serious<br>problem | <input type="checkbox"/> <sub>4</sub><br>Serious<br>problem |
|---|---|--|---|---|

E-2. Feeling discouraged with your diabetes treatment plan?

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> <sub>0</sub><br>Not a<br>problem | <input type="checkbox"/> <sub>1</sub><br>Minor<br>problem | <input type="checkbox"/> <sub>2</sub><br>Moderate<br>problem | <input type="checkbox"/> <sub>3</sub><br>Somewhat<br>serious<br>problem | <input type="checkbox"/> <sub>4</sub><br>Serious<br>problem |
|---|---|--|---|---|

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E-3. Feeling scared when you think about living with diabetes?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-4. Uncomfortable social situations related to your diabetes care (e.g., people telling you what to eat?)

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-5. Feelings of deprivation regarding food and meals?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-6. Feeling depressed when you think about living with diabetes?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-7. Not knowing if your mood or feelings are related to your diabetes?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-8. Feeling overwhelmed by your diabetes?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-9. Worrying about low blood sugar reactions?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

E-10. Feeling angry when you think about living with diabetes?

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not a problem                         | Minor problem                         | Moderate problem                      | Somewhat serious problem              | Serious problem                       |

## Attachment E

E-11. Feeling constantly concerned about food and eating?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
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E-12. Worrying about the future and the possibility of serious complications?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-13. Feelings of guilt or anxiety when you get off track with your diabetes management?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-14. Not "accepting" your diabetes?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-15. Feeling unsatisfied with your diabetes physician?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-16. Feeling that diabetes is taking up too much of your mental and physical energy every day?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-17. Feeling alone with your diabetes?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-18. Feeling that your friends and family are not supportive of your diabetes management efforts?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

E-19. Coping with complications of diabetes?

<input type="checkbox"/> <sub>0</sub> Not a problem	<input type="checkbox"/> <sub>1</sub> Minor problem	<input type="checkbox"/> <sub>2</sub> Moderate problem	<input type="checkbox"/> <sub>3</sub> Somewhat serious problem	<input type="checkbox"/> <sub>4</sub> Serious problem
---	---	--	--	---

## Attachment E

E-20. Feeling “burned out” by the constant effort needed to manage diabetes?

- <sub>0</sub> Not a problem                     
 <sub>1</sub> Minor problem                     
 <sub>2</sub> Moderate problem                     
 <sub>3</sub> Somewhat serious problem                     
 <sub>4</sub> Serious problem

### F. Diabetes Self-Care Attitudes

F-1. The next statements are specifically about your views about your diabetes care. How much do you agree or disagree with the following statements? **[Please read each statement and the choices for each. Circle the number that applies.]**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I feel confident in my ability to follow a healthy diet.	1	2	3	4	5
b) I am confident that I can test my blood sugar as often as my doctor tells me.	1	2	3	4	5
c) I feel confident that I can exercise for at least 30 minutes most days of the week (4-7 days/wk).	1	2	3	4	5
d) I am confident in my ability to keep my weight under control.	1	2	3	4	5
e) I am confident that I can keep my blood sugar under control.	1	2	3	4	5
f) I am confident that I can prevent complications from diabetes, such as eye and kidney problems.	1	2	3	4	5

F-2. Which of the following has been the biggest problem for you in achieving or having good control of your diabetes in the **past six months**?

**[mark only one box]**

- <sub>1</sub> You have not adequately followed treatment recommendations.  
<sub>2</sub> Your medication dosage needed to be increased.  
<sub>3</sub> You need new medications.  
<sub>4</sub> You are not willing to start insulin.  
<sub>5</sub> Your disease is hard to control.  
<sub>6</sub> Other illnesses affected your diabetes.  
<sub>7</sub> Other (please specify): \_\_\_\_\_

F-3. How satisfied have YOU been with your diabetes control in the **past six months**?

- <sub>1</sub> Not at all satisfied  
<sub>2</sub> Not very satisfied  
<sub>3</sub> Pretty satisfied  
<sub>4</sub> Very satisfied  
<sub>5</sub> Completely satisfied

Attachment E

**G. Health Services**

**Now I would like to talk to you about some different health services that people can get.**

G-1. How many times have you seen a dietician or nutritionist (a person who does meal planning) since being diagnosed with diabetes?

- <sub>1</sub> Never
- <sub>2</sub> One time
- <sub>3</sub> 2- 5 times
- <sub>4</sub> 5-10 times
- <sub>5</sub> More than 10 times
- <sub>6</sub> Don't know/Not sure
- <sub>7</sub> Refused

G-2. During the past 12 months, did you receive a teeth cleaning or dental check up

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Don't Know/Not sure      <sub>4</sub> Refused

G-3. During the past 12 months, have you had a flu shot?

- <sub>1</sub> Yes      <sub>2</sub> No      <sub>3</sub> Don't Know/Not sure      <sub>4</sub> Refused

G-4. Have you ever had a pneumonia vaccination?

- <sub>1</sub> Yes      <sub>2</sub> No      88 Don't know/Not sure/No response  
99 Refused [DO NOT READ]

G-6. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light and blurred your close vision.

- <sub>1</sub> Within the past month (anytime less than 1 month ago)
- <sub>2</sub> Within the past year (1 month but less than 12 months ago)
- <sub>3</sub> Within the past 2 years (1 year but less than 2 years ago)
- <sub>4</sub> 2 or more years ago
- <sub>8</sub> Never
- <sub>7</sub> Don't know/Not sure
- <sub>9</sub> Refused

## Attachment E

### H. Communication

H-1. Doctors have different styles in dealing with patients. We would like to know more about how you feel about your interactions with your primary-care doctor in the **past six months**. For each statement, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
a) You feel understood by your doctor.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
b) You feel a lot of trust in your doctor.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
c) Your doctor answers your questions fully and carefully	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
d) Your doctor tries to understand how you see things before suggesting a new way to do things	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
e) You get all the support that you need from your doctor	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

H-2. When you last saw your doctor, how satisfied do you think your doctor was with your diabetes control?

- <sub>1</sub> Not at all satisfied
- <sub>2</sub> Not very satisfied
- <sub>3</sub> Pretty satisfied
- <sub>4</sub> Very satisfied
- <sub>5</sub> Completely satisfied
- <sub>6</sub> Don't Know

H-3. In the last 12 months, when your diabetes doctor sent you for a blood test, x-ray or other test, how often were the results explained to you as clearly as you needed?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always
- <sub>7</sub> I did not have any medical tests in the last 6 months

## Attachment E

H-4. If you don't understand what the health care professional tells you...

- <sub>1</sub> You ask him or her to explain it then and there.
- <sub>2</sub> You ask a nurse in the office before you leave.
- <sub>3</sub> You don't ask for an explanation from anyone at the office.

H-5. If you didn't want to do something that the doctor advised you to do...

- <sub>1</sub> You would definitely tell him/her.
- <sub>2</sub> You would ask another doctor for a second opinion.
- <sub>3</sub> You probably would not tell the doctor or ask anyone else.

H-6. Who provides you with **MOST** of the information to manage your diabetes? Please check 1-3 choices.

- <sub>1</sub> My doctor
- <sub>2</sub> A nurse or diabetes educator
- <sub>3</sub> Diabetes classes
- <sub>4</sub> My family/friends
- <sub>5</sub> Community health worker
- <sub>6</sub> Magazines or newspapers
- <sub>7</sub> Books and pamphlets
- <sub>8</sub> The Internet
- <sub>9</sub> Television
- <sub>10</sub> A support group

H-7. From whom would you **prefer** to receive most of your information on diabetes self-care?

**[Check only one:]**

- <sub>1</sub> My doctor
- <sub>2</sub> A nurse or diabetes educator
- <sub>3</sub> Diabetes classes
- <sub>4</sub> My family/friends
- <sub>5</sub> Community Health Worker
- <sub>6</sub> Magazines or newspapers
- <sub>7</sub> Books and pamphlets
- <sub>8</sub> The Internet
- <sub>9</sub> Television
- <sub>10</sub> A support group
- <sub>11</sub> No preference



Attachment E

**I. Food Habits and Consumption**

Now I am going to ask you some questions about foods you eat and how you prepare food.

**I-1. Diabetes Care Profile Diet Scale [MDRTC]**

Circle one answer.		Never	Sometimes	Always		
a)	How often do you follow a schedule for your meals and snacks?	1	2	3	4	5
b)	How often do you weigh or measure your food?	1	2	3	4	5
c)	How often do you (or the person who cooks your food) use the exchange lists, carbohydrate counting, or glycemic index to plan your meals?	1	2	3	4	5

I-2. Are you currently on a diet or meal plan to control your diabetes?

<sub>1</sub> Yes

<sub>2</sub> No

I-3. How many servings of fruits and vegetables are recommended each day for a healthy diet?

- <sub>1</sub> 1
- <sub>2</sub> 2
- <sub>3</sub> 3
- <sub>4</sub> 4
- <sub>5</sub> 5

I-4. Not counting juice, how often do you eat fruit? (BRFSS 317-319)

\_\_\_\_\_ Number of times [Interviewer, enter 000 for "NEVER"]

**Interviewer: Circle mode respondent is referring to:**

- <sub>1</sub> Per day
- <sub>2</sub> Per week
- <sub>3</sub> Per month
- <sub>4</sub> Per year
- <sub>5</sub> Don't know/Not sure
- <sub>6</sub> Refused

Attachment E

I-5. How often do you eat green salad? (BRFSS 320-322)

\_\_\_\_\_ Number of times [Interviewer, enter 000 for “NEVER”]

**Interviewer: Circle mode respondent is referring to:**

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 5 Don't know/Not sure
- 6 Refused

I-6. How often do you eat white rice?

\_\_\_\_\_ Number of times [Interviewer, enter 000 for “NEVER”]

**Interviewer: Circle mode respondent is referring to:**

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 5 Don't know/Not sure
- 6 Refused

I-7. Not counting carrots, potatoes or salad, how many servings of vegetables do you usually eat? **A serving of vegetables at both lunch and dinner would be two servings.** (BRFSS329-331)

\_\_\_\_\_ Number of servings [Interviewer, enter 000 for “NEVER”]

**Interviewer: Circle mode respondent is referring to:**

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 5 Don't know/Not sure
- 6 Refused

Attachment E

I-9. The following questions are about how often you eat the following foods each week.

How often do you eat...	0-1/wk	2-4/wk	5-7/wk
a) high fiber whole grain bread	1	2	3
b) whole grain cereal	1	2	3
c) brown rice	1	2	3
d) beans: pinto, kidney, red, lima or navy.	1	2	3
e) multi-grain foods	1	2	3
f) legumes: split peas and lentils.	1	2	3
g) cheese, or yogurt	1	2	3
h) sweet foods such as pies, cakes, cookies, candy, sweet breads or ice cream	1	2	3
i) fried foods, fried fish, potato chips or gravy	1	2	3

I-10. How often do you drink...	0-1/wk	2-4/wk	5-7/wk
a) regular soda pop (not diet) or fruit-flavored drinks	1	2	3
b) coffee, tea or cocoa	1	2	3
c) milk, buttermilk	1	2	3
d) soymilk	1	2	3

Attachment E

I-11. Looking at this food label, if you ate the entire bag of chips, how many total grams of carbohydrates would you eat? [DNT15]

<b>Nutrition Facts</b>	
Serving Size 1 oz. (28 g/About 10 chips)	
Servings Per Container 2	
<b>Amount Per Serving</b>	
<b>Calories</b> 140	Calories from Fat 60
<b>% Daily Value</b>	
<b>Total Fat</b> 6 g	<b>10%</b>
Saturated Fat 0.5 g	<b>4%</b>
<b>Cholesterol</b> 0 mg	<b>0%</b>
<b>Sodium</b> 150 mg	<b>7%</b>
<b>Total Carbohydrates</b> 10g	<b>6%</b>

- 1 10
- 2 20
- 3 30
- 4 40
- 5 50
- 6 Don't know/Not sure
- 7 Refused

I-12. Looking at the same food label, how many total carbohydrates are in 1 serving?

- 1 1
- 2 5
- 3 6
- 4 10
- 5 15
- 6 Don't know/Not sure
- 7 Refused

**J. PHYSICAL ACTIVITY**

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

J-1. Thinking about the **moderate** physical activities you do **during your free time** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (BRFSS 144)

- 1 Yes  
 2 No **Go to Question J-4**  
 3 Don't know/Not sure **Go to Question J-4**  
 4 Refused **Go to Question J-4**

J-2. How many days per week do you do these moderate activities for at least 10 minutes at a time? (BRFSS 145-146)

- \_\_\_ Days per week  
 0 Do not exercise at least 10 minutes weekly  
 77 Don't know/Not sure  
 99 Refused

J-3. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (BRFSS 147-149)

- \_\_\_:\_\_\_ Hours and minutes per day  
 777 Don't know/Not sure  
 999 Refused

J-4. Now thinking about the **vigorous** physical activities you do **during your free time** in a usual week, do you do **vigorous** activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (BRFSS 150)

- 1 Yes  
 2 No **End of survey**  
 3 Don't know/Not sure **End of survey**  
 4 Refused **End of survey**

J-5. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (BRFSS 151-152)

- \_\_\_ Days per week  
 0 Do not exercise at least 10 minutes weekly **End of survey**  
 77 Don't know/Not sure  
 99 Refused

J-6. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (BRFSS 153-155)

- \_\_\_:\_\_\_ Hours and minutes per day  
 777 Don't know / Not sure  
 999 Refused

## Attachment E

We have reached the end of the survey. Thank you for your time and patience.

In three months, you will be asked to complete this same assessment again.

Once again, mahalo for your time.