Diabetes Health Survey

Please use a pencil or a pen with blue or black ink. Answer every question by marking the choice as indicated below. If you are unsure about how to answer a question, please mark the best available option.

1. Do you currently use testing strips to check your blood sugar?
   - o Yes
   - o No

2. Where do you get your test strips? (Please choose only one option)
   - o VA only
   - o Non-VA source only
   - o Both VA and non-VA

3. In an average WEEK, how often do you do blood sugar testing on yourself? (Please choose only one option)
   - o Less than once a week
   - o Once or twice a week
   - o Once a day
   - o Twice a day
   - o More than twice a day

4. In the past 6 MONTHS, which medicines have you taken for your diabetes? (Please fill in all that apply)
   - o Glyburide (Micronase, Diabeta)
   - o Glipizide (Glucotrol)
   - o Tolazamide
   - o Glimepiride (Amaryl)
   - o Metformin (Glucophage)
   - o Rosiglitazone (Avandia)
   - o Pioglitazone (Actos)
   - o Insulin
5. Were you using glucose testing strips 6 months ago?
   - Yes
   - No
   If Yes, please continue from Question 6
   If No, please continue from Question 7

6. If Yes, how often were you using test strips at that time?
   (Please choose only one option)
   - Less than once a week
   - Once or twice a week
   - Once a day
   - Twice a day
   - More than twice a day

7. Some symptoms of low blood sugar (hypoglycemia) might include feeling sweaty, confused, dizzy, lightheaded or faint. You might have your own unique symptoms of low blood sugar. In the past 6 MONTHS, have you had any low blood sugar reactions (hypoglycemia)?
   - Yes
   - No
   If Yes, please continue from Question 8.
   If No, This completes your survey! Thank-you for your help. Please return the survey in the enclosed envelope.

Now think of the WORST low blood sugar reaction you had in the past 6 months. The following questions are about your WORST low blood sugar reaction.

8. Did you need someone to help you treat your WORST low blood sugar reaction?
   - Yes
   - No

9. If yes, who helped you?
   (Please check all that apply)
   - Family member or friend
   - Bystander
   - Paramedics
   - Doctor or Nurse
   - Doesn’t apply; did not need help

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10. Did you need to go to an Emergency Department, hospital or clinic for treatment?
   
   ○ Yes
   
   ○ No

   [If No, Please go to questions 13 and 14 to complete the survey.]

11. If Yes, did you go to a VA Emergency Department, hospital, Doctor's office or clinic for treatment?
   
   ○ Yes
   
   ○ No

   [If No, Please continue from question 13.]

12. Did you have to stay overnight in a hospital for treatment?
   
   ○ Yes
   
   ○ No

   [If No, this completes your survey! Thank-you for your help. Please return the survey in the enclosed envelope.]

13. During the two weeks right before your worst low blood sugar reaction, were you doing blood sugar testing on yourself?
   
   ○ Yes
   
   ○ No

14. If Yes, on average, how often WERE you doing blood glucose testing on yourself during those two weeks before your worst low blood sugar reaction?
   
   ○ Less than once a week
   
   ○ Once or twice a week
   
   ○ Once a day
   
   ○ Twice a day
   
   ○ More than twice a day

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