

DIABETES PATIENT SURVEY



(If questions 22 to 25 do not apply to you, please skip to question 26.)

If you are a woman who has the potential to become pregnant, has your provider or someone on your health care team discussed or given you information on:

- | | Y | N |
|--|-----------------------|-----------------------|
| 22. the need for excellent blood sugar control before pregnancy?..... | <input type="radio"/> | <input type="radio"/> |
| 23. the risks of pregnancy because you have diabetes?..... | <input type="radio"/> | <input type="radio"/> |
| 24. what blood sugar levels are safe for you to become pregnant?..... | <input type="radio"/> | <input type="radio"/> |
| 25. the need for effective contraception at all times, unless you are in excellent blood sugar control?..... | <input type="radio"/> | <input type="radio"/> |

26. Which of the following BEST describes your racial background, ancestry, or origin?

- | | |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Asian or Pacific islander |
| <input type="radio"/> Black or African American | <input type="radio"/> Hispanic or Spanish |
| <input type="radio"/> White or Caucasian | <input type="radio"/> Other |

27. What is the HIGHEST GRADE you completed in school?

- | | |
|--|--|
| <input type="radio"/> 8th grade or less | <input type="radio"/> Some high school |
| <input type="radio"/> High school graduate | <input type="radio"/> Some college or technical school |
| <input type="radio"/> College graduate | <input type="radio"/> Any post-graduate work |

28. Who filled out this form? (check one box)

- I filled it out with no help
- I filled it out with help from family or friends
- I filled it out with help from a health care provider
- A family member or friend filled it out with my answers (e.g., a parent completed the survey for their child)
- My health care provider filled it out with my answers

Please write your comments and suggestions in the rectangle below.

Thank you for your assistance. Please return your completed survey to your provider.

