



**DISTANCE**

Diabetes Study of  
Northern California

## Survey



**KAISER PERMANENTE®**

**DIVISION OF RESEARCH**

2005-2006



**Kaiser Permanente  
Diabetes Study of Northern California**

All information obtained for this study, including your responses to this survey, will be kept private and used for our research purposes only. None of this information will become part of your medical record or be sent to your doctor. Your decision to take part in this survey is totally up to you.

This study has been approved by the Kaiser Foundation Research Institute's Institutional Review Board (IRB), which oversees all research and protection of study participants. This board reviews study plans to ensure that researchers respect and protect the privacy and confidentiality of study participants. If you have any questions or complaints about the study, you may contact the IRB toll-free at (866) 241-0690.

Dear Member:

Thank you for your interest in the DISTANCE Survey. As you can see, the survey is long, but you can help us so much by completing and returning this survey.

The Kaiser Permanente Division of Research is conducting this survey among Kaiser Permanente members living with diabetes. We need your help! Medical science has made many advances in the care and treatment of diabetes, but not everything we learn comes from research laboratories. Much of what we know comes from listening to people living with diabetes.

The National Institutes of Health (NIH) has given us money for this important study of diabetes. We will invite 40,000 patients with diabetes to participate in this survey and we think the information we gather will help us better understand the challenges of living with diabetes.

We hope you will agree to participate by completing and returning this survey. If you have any questions, you may contact us at 866-445-0010 during normal business hours or you can call and leave a message outside of normal business hours and we'll call you back.

Please complete and return the survey within three weeks. If we do not hear from you within three weeks, we will send a follow-up letter.

If you do not want to complete the survey, please mark the box inside the back cover and return the survey without completing it. If you refuse to participate, it will not affect your health care in any way.

If you do NOT have diabetes, we need to correct our records. You can help us do that by answering the first question and returning the survey.

Thanks!



Andrew J. Karter, Ph.D.  
Research Investigator

P.S. When you complete the survey, on the web, written or by phone, we will send you a Safeway gift card as our way of saying "Thanks!"

We hope you will agree to participate by completing and returning the survey. If you have any questions, you may contact us at 866-445-0010 during normal business hours or you can call and leave a message outside of normal business hours and we'll call you back.

THANKS!



## INSTRUCTIONS

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- Please make an *x* in the box to indicate your answer to each question:
- Please check only *ONE* answer for each question, unless it states: "Check ALL that apply."
- If you don't know how to answer a question, please mark "Don't know".
- If you prefer not to answer a question, you may skip it, but please try to answer every question.
- Please answer each question, but watch for instructions to skip ahead. For example, if you answer "Yes" to the question below, you would then go to Question 1:

**Q.** Are you willing to complete and return this survey?

- 1  Yes → *SKIP TO QUESTION 1*
- 2  No

**DIABETES STATUS**

*Please note: These first questions are to verify your eligibility for the study. Because we will not look at your medical chart for this study, we are asking you to provide this information.*

**1.** Has a doctor ever told you that you have diabetes or high blood sugar?

- <sup>1</sup>  Yes, I currently have diabetes or high blood sugar
- <sup>2</sup>  No, perhaps in the past, but I **do not currently have** diabetes or high blood sugar → **STOP** →
- <sup>3</sup>  No, but I do have **pre-diabetes** → **STOP** →
- <sup>4</sup>  No, but I did have diabetes **during pregnancy** (gestational diabetes) → **STOP** →
- <sup>5</sup>  No, **never** → **STOP** →
- <sup>6</sup>  Don't know → **STOP** →

**1A.** Do you currently receive most of you medical care for diabetes at Kaiser Permanente?

- <sup>1</sup>  Yes
- <sup>2</sup>  No → **STOP** →
- <sup>3</sup>  Don't know → **STOP** →

If you answered "No" or "Don't know" to Question 1 or Question 1A, then please stop here.

Please return the survey or call 866-445-0010 so we can remove you from our survey list.

Thank you!

*If you answered "Yes" to both questions above, please turn the page and proceed with the DISTANCE survey.*

**2.** About how old were you when you first learned that you had diabetes?

\_\_\_\_\_ years old

<sup>98</sup>  Don't know

**3.** Which of the following do you currently use to treat your diabetes?

*(Check ALL that apply.)*

- <sup>.1</sup>  Not using any treatment
- <sup>.2</sup>  Diet
- <sup>.3</sup>  Exercise
- <sup>.4</sup>  Diabetes pills
- <sup>.5</sup>  Insulin shots
- <sup>.6</sup>  Insulin pump
- <sup>.7</sup>  Other (*specify*) \_\_\_\_\_
- <sup>.8</sup>  Don't know

*If you do not use insulin, SKIP TO QUESTION 7*

**4.** How many insulin shots per day do you usually take?

\_\_\_\_\_ shots per day

- <sup>0</sup>  None
- <sup>98</sup>  Don't know

**5.** How long after developing diabetes did you begin using insulin?

*(Check only ONE)*

- <sup>1</sup>  Within **1 month** after diagnosis
- <sup>2</sup>  More than 1 month, but less than 2 years after diagnosis
- <sup>3</sup>  More than 2 years after diagnosis
- <sup>4</sup>  Don't know

**6.** Since starting insulin, have you ever stopped taking it for **at least 3 months**?

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't know

**ABOUT YOU & YOUR FAMILY**

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*We know that some people with diabetes develop problems or complications because of their diabetes, while other people remain healthy. Sometimes these differences are associated with family history (everything from education to genes) or things like eating well and staying active. With your help, we can learn more about what is most important to living well with diabetes.*

*The first questions are about your education.*

**7.** As a child, did you attend nursery school (preschool)?

- 1  Yes
- 2  No
- 3  Don't know

**8.** Did you attend kindergarten?

- 1  Yes
- 2  No
- 3  Don't know

**9.** What is the highest grade or level of school you completed up to 12<sup>th</sup> grade (from grade school through high school)?

- 1  First grade
- 2  Second grade
- 3  Third grade
- 4  Fourth grade
- 5  Fifth grade
- 6  Sixth grade
- 7  Seventh grade
- 8  Eighth grade
- 9  Ninth grade
- 10  Tenth grade
- 11  Eleventh grade
- 12  Twelfth grade
  
- 13  Don't know

**10.** Overall, what was the quality of your high school education?

- 1  Excellent
- 2  Good
- 3  Average
- 4  Poor
- 5  I did not attend the high school level → *SKIP TO QUESTION 12*
- 6  Don't know

**11.** AFTER high school, how many years of education did you complete? Count full-time years of education; for example, if you went to college or technical school half-time for four years, that would be equivalent to two years of full-time education. Use your best estimate.

- 0  None

\_\_\_\_\_ years of education after high school

- 98  Don't know

**12.** What educational degrees did you earn?

(CHECK ALL THAT APPLY)

- .01  No degree earned
- .02  High school diploma
- .03  GED or certificate of completion
- .04  Trade school, occupational, technical, or vocational certificate
- .05  Associate degree for academic program (example: AA)
- .06  Bachelor's degree (example: BA, AB, BS, BBA)
- .07  Master's degree (example: MA, MS, MEng, MEd, MBA, MFA)
- .08  Professional school degree (example: MD, DDS, DVM, JD)
- .09  Doctoral degree (example: PhD, EdD ScD)
- .10  Don't know

**13.** Did health problems ever get in the way of your education? (Do not include healthy pregnancy as a health problem.)

- 1  No
- 2  Yes, but I continued my education
- 3  Yes, I missed a year or more of schooling because of health problems
- 4  Yes, I had to drop out of school because of health problems
- 5  Don't know



**14.** Which of the following best describes your last or current job?

(Choose only ONE)

- 1  **Managerial or professional occupation**  
(such as executive, administrative or managerial occupation; professional specialty, such as engineer, doctor, nurse, lawyer, scientist or teacher; writer, artist, entertainer or athlete)
- 2  **Technical, sales or administrative support**  
(such as healthcare related or other technician or related support work; sales; administrative support, including supervision, clerical work, computer operator, secretary, information clerk, financial and other records processing, duplication and other office machine operation, communications equipment operator, mail handling, adjusters or investigator)
- 3  **Service occupation**  
(such as private household services; protective services; food preparation, health aides, cleaning services and other personal services)
- 4  **Farming, forestry or fishing work**
- 5  **Precision production, craft or repair work**  
(such as mechanic or repairer, construction trade, extractive (mining or oil drilling), precision production such as metal work, textiles, apparel, furnishings)
- 6  **Operators, fabricators, laborers**  
(such as machine operator, assembler or inspector; transportation or material moving; handler, equipment cleaner, helper or laborer)
- 7  **Military**
- 8  **Homemaker, not in labor force**
- 9  **Never worked**
- 10  **Don't know**

**15.** What is your current employment status or activity?

- 1  Working for pay (full-time or part-time) [GO TO QUESTION 16]  
(include self-employment)
  - 2  Unable to work due to poor health or disability
  - 3  Unemployed, laid-off or on strike
  - 4  Student
  - 5  Fulltime homemaker, parent or caregiver
  - 6  Retired: What year? (A) \_\_\_\_\_
  - 7  Other (*specify*) (B) \_\_\_\_\_
  - 8  Don't know
- } SKIP TO QUESTION 18

**16.** During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (*Do not include maternity leave.*)

\_\_\_\_\_ Days

- 998  Don't know

**17.** In a typical week, do you work days, nights or swing shifts?

(CHECK ALL THAT APPLY and circle the number of shifts in an average week)

- .1  Day shifts  
→ How many day shifts in a typical week?  
*circle one:* 0 1 2 3 4 5 6 7
- .2  Night shifts (For example, midnight to 8:00 am)  
→ How many night shifts in a typical week?  
*circle one:* 0 1 2 3 4 5 6 7
- .3  Swing shifts (For example, 4:00 pm to midnight)  
→ How many swing shifts in a typical week?  
*circle one:* 0 1 2 3 4 5 6 7
- 9  Don't know

Please answer the following question for any spouse or partner you live with.

**18.** What was the highest level of education your spouse or partner completed?

- 1  Not applicable (no spouse or partner)
- 2  No schooling
- 3  Some grade school or elementary school
- 4  Junior high school or middle school
- 5  Some high school, but no diploma
- 6  High school diploma or GED or certificate of completion
- 7  Trade school, occupational, technical, or vocational certificate
- 8  Some college or 2-year degree
- 9  4-year college graduate
- 10  Graduate degree or more than 4-year college graduate
- 11  Don't know

Please answer the following two questions for the adult woman who was primarily responsible for raising you.

**19.** Was your mother (stepmother or female guardian) born in the USA?

- 1  Yes
- 2  No
- 3  There was no adult woman who raised me → SKIP TO QUESTION 21
- 4  Don't know → SKIP TO QUESTION 21

**20.** What was the highest level of education your mother (stepmother or female guardian) completed?

- 1  No schooling
- 2  Some grade school or elementary school
- 3  Junior high school or middle school
- 4  Some high school, but no diploma
- 5  High school diploma or GED or certificate of completion
- 6  Trade school, occupational, technical, or vocational certificate
- 7  Some college or 2-year degree
- 8  4-year college graduate
- 9  Graduate degree or more than 4-year college graduate
- 10  Don't know

*Please answer the following two questions for the adult man who was primarily responsible for raising you.*

**21.** Was your father (stepfather or male guardian) born in the USA?

- 1  Yes
- 2  No
- 3  There was no adult man who raised me → *SKIP TO QUESTION 23*
- 4  Don't know → *SKIP TO QUESTION 23*

**22.** What was the highest level of education your father (stepfather or male guardian) completed?

- 1  No schooling
- 2  Some grade school or elementary school
- 3  Junior high school or middle school
- 4  Some high school, but no diploma
- 5  High school diploma or GED or certificate of completion
- 6  Trade school, occupational, technical, or vocational certificate
- 7  Some college or 2-year degree
- 8  4-year college graduate
- 9  Graduate degree or more than 4-year college graduate
- 10  Don't know

**23.** Please choose the group or groups that best describe your race or ethnic origin:

*(Please check ALL that apply)*

- .01  Black/African American
- .02  Latino/Hispanic/Latin American
- .03  White
- .04  Middle Eastern (Arab, Israeli)
- .05  Chinese
- .06  Filipino
- .07  Japanese
- .08  Korean
- .09  Vietnamese
- .10  Asian Indian/South Asian
- .11  Other Asian (*specify*) (A) \_\_\_\_\_
- .12  Pacific Islander
- .13  Native American/American Indian
- .14  Inuit/Eskimo/Aleut
- .15  Other (*specify*) (B) \_\_\_\_\_
- .16  Don't know

*If you marked only one group above, you may skip the next question.*

**24.** Now, if you chose more than one group, please choose the SINGLE group with which you most strongly identify or that best describes your race or ethnic origin.

*(Please check only ONE)*

- 1  Black/African American
- 2  Latino/Hispanic/Latin American
- 3  White
- 4  Middle Eastern (Arab, Israeli)
- 5  Chinese
- 6  Filipino
- 7  Japanese
- 8  Korean
- 9  Vietnamese
- 10  Asian Indian/South Asian
- 11  Other Asian, (*specify*) \_\_\_\_\_
- 12  Pacific Islander
- 13  Native American/American Indian
- 14  Inuit/Eskimo/Aleut
- 15  Other (*specify*) \_\_\_\_\_
- 16  Don't know

**25.** Where were you born? (the nation and state where you were born)

- 1  Born in the USA → **A.** In what state? \_\_\_\_\_
- 2  Not born in the USA  
     → **B.** What country were you born in? \_\_\_\_\_  
     → **C.** What year did you first come to USA? \_\_\_\_\_
- 5  Don't know

**26.** How often do you have difficulty understanding or speaking English?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Don't know

**27.** How often do you have difficulty reading or writing English?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Don't know

**28.** What is your current marital status?

*(Check only ONE)*

- 1  Married
- 2  Living with someone as a couple, but not married
- 3  Divorced or separated
- 4  Widowed
- 5  Never married (single)
- 6  Don't know

**29.** In the home where you live, do you

- 1  Rent
- 2  Own
- 3  Live rent-free
- 4  Other (*specify*) (A) \_\_\_\_\_
- 5  Don't know

**30.** How many people are currently living in your household, including yourself? (include part-time residents or joint-custody children)

.1 \_\_\_\_\_ Adults

.2 \_\_\_\_\_ Children (age 18 or less)

98  Don't know

**31.** Are you primarily responsible for the care of any children living in your house? (Count any joint-custody children)

Yes → **A.** how many children? \_\_\_\_\_

0  No

98  Don't know

**32.** Are you primarily responsible for the care of an elderly or disabled parent or adult living in your house?

1  Yes

2  No

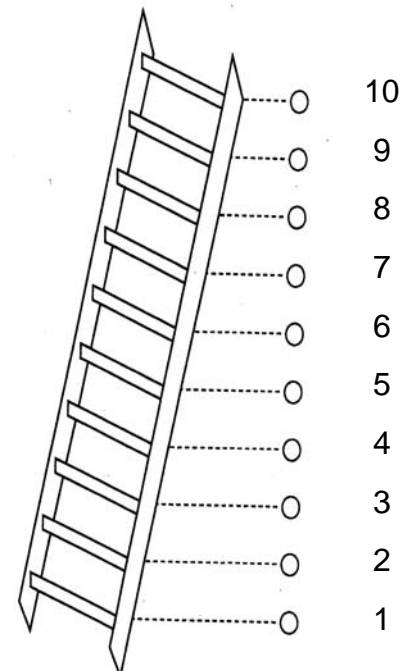
3  Don't know

**33.** Think of this ladder as representing where people stand in the United States. At the top of the ladder are the people who are best off—those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are worst off—who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder, compared to all the other people in the United States?

Please place an "X" in the circle to the right of the rung where you think you stand.

98  Don't know



**34.** In the past 12 months, how often have you felt that people treated you poorly or made you feel inferior because of your race or ethnicity?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**35.** In the past 12 months, how often have you felt that people treated you poorly or made you feel inferior because of your level of education?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**36.** In the past 12 months, how often have you felt that people treated you poorly or made you feel inferior because of your sex or gender?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**37.** In the past 12 months, how often have you felt that people treated you poorly or made you feel inferior because of your language?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**38.** Which of these categories best describes your total annual household income? This should include income (before taxes) from all sources, wages, rent from properties, social security, disability or veteran's benefits, unemployment benefits, workers' compensation, help from relatives (including child payments and alimony), and so on.

- 1  Less than \$5,000
- 2  \$5,000 to \$9,999
- 3  \$10,000 to \$14,999
- 4  \$15,000 to \$24,999
- 5  \$25,000 to \$34,999
- 6  \$35,000 to \$49,999
- 7  \$50,000 to \$64,999
- 8  \$65,000 to \$79,999
- 9  \$80,000 to \$99,999
- 10  \$100,000 to \$149,999
- 11  \$150,000 and greater
- 12  Don't know
- 13  Refuse

**39.** During the past 12 months, how often did it happen that you did not have enough money to buy food, clothes or other things you needed?

- 1  Never
- 2  Not very often
- 3  Fairly often
- 4  Very often
- 5  Don't know

**40.** If you add up all your assets (such as bank accounts, stocks, and mutual funds, retirement account), how much money would you have? (If you own a home, do not include the value (equity) of the home)

- 1  Less than \$10,000
- 2  More than \$10,000
- 3  Don't know
- 4  Refuse



**HEALTH HABITS**

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**41.** On how many days out of the last SEVEN DAYS have you followed a healthful eating plan? (If you were sick during the past 7 days, please think back to the last 7 days that you were not sick)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- <sup>9</sup>  Don't know

**42.** On average, over the past month, on how many DAYS PER WEEK have you followed your eating plan?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- <sup>9</sup>  Don't know

**43.** If you take pills for your diabetes, on how many days out of the last SEVEN DAYS did you MISS taking any of your recommended diabetes pills, even one pill?

- <sup>0</sup>  I took all my diabetes pills every day
- I missed taking pills on \_\_\_\_\_ days out of the last SEVEN days
- <sup>8</sup>  I am not prescribed diabetes pills
- <sup>9</sup>  Don't know

**44.** If you are prescribed insulin, on how many days out of the last SEVEN DAYS did you MISS an insulin injection?

- <sup>0</sup>  I took all my insulin injections every day
- I missed insulin injections on \_\_\_\_\_ days out of the last SEVEN days
- <sup>8</sup>  I am not prescribed insulin
- <sup>9</sup>  Don't know

**45.** On how many days out of the last SEVEN DAYS did you MISS taking any of your recommended blood pressure medication, even one pill?

- 0  I took all my blood pressure pills every day
- I missed taking pills on \_\_\_\_\_ days out of the last SEVEN days
- 8  I am not prescribed blood pressure pills
- 9  Don't know

**46.** On how many days out of the last SEVEN DAYS did you take ALL of your recommended cholesterol medication, even one pill?

- 0  I took all my cholesterol pills every day
- I missed taking pills on \_\_\_\_\_ days out of the last SEVEN days
- 8  I am not prescribed cholesterol pills
- 9  Don't know

**47.** Do you regularly take aspirin at least three days a week to lower your risk of developing heart disease or stroke? (This applies only to aspirin, not Tylenol, Motrin or ibuprofen or Aleve.)

- 1  Yes, I take aspirin regularly
- 2  No
- 3  Don't know

**48.** Do you regularly take multivitamins at least three days a week?

- 1  Yes
- 2  No
- 3  Don't know

**49.** Do you (or does someone in your home) regularly check your feet, including between your toes, at least three days a week?

- 1  Yes
- 2  No
- 3  Not applicable (both feet amputated)
- 4  Don't know

**50.** Many diabetic patients are expected to check their own blood sugar levels, but often find it difficult to do. On how many days out of the last SEVEN DAYS did you test your blood sugar?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

- <sup>9</sup>  I don't test my blood sugar → SKIP TO QUESTION 54
- <sup>10</sup>  Don't know → SKIP TO QUESTION 54

**51.** On the days that you check your own blood sugar, how many times a day do you usually test it?

*(Check only ONE)*

- <sup>1</sup>  1 time a day
- <sup>2</sup>  2 times a day
- <sup>3</sup>  3 times a day
- <sup>4</sup>  4 times a day
- <sup>5</sup>  5 times a day
- <sup>6</sup>  6 times a day
- <sup>7</sup>  7 times a day
- <sup>8</sup>  More than 7 times a day
- <sup>9</sup>  I don't test my blood sugar → SKIP TO QUESTION 54
- <sup>10</sup>  Don't know → SKIP TO QUESTION 54

**52.** Based on readings from your home blood glucose tests, do you adjust the dose or timing of your diabetes medication?

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't use diabetes medication
- <sup>4</sup>  Don't know

**53.** Based on readings from your home blood glucose tests, do you change when or what you eat or how much you exercise?

- <sup>1</sup>  Yes
- <sup>2</sup>  No
- <sup>3</sup>  Don't know

**54.** About how many hours a day do you usually watch television (include watching DVDs, videos or video games)?

- 1  None
- 2  1 hour or less
- 3  2 hours
- 4  3 hours
- 5  4 hours
- 6  5 hours
- 7  6 or more hours
- 8  Don't know

**55.** During the past 3 years, how often have you gone to the dentist for routine check-ups or cleanings?

- 1  2 or more times a year
- 2  Once a year
- 3  Less than once a year
- 4  Whenever needed, no regular schedule
- 5  Did not go to the dentist in past 3 years
- 6  I wear full dentures
- 7  Don't know

**56.** How often do you floss your teeth?

- 1  Daily
- 2  Several times a week
- 3  At least once a week
- 4  Occasionally
- 5  Never
- 6  I wear full dentures
- 7  Don't know

**57.** Have you smoked more than 100 cigarettes in your lifetime?

- 1  No → *SKIP TO QUESTION 60*
- 2  Yes
- 3  Don't know

**58.** How old were you when you FIRST started to smoke cigarettes fairly regularly?

\_\_\_\_\_ years old

- 98  Don't know

**59.** Do you smoke cigarettes now?

<sup>1</sup>  Yes →

**A.** How many cigarettes do you smoke each day?

\_\_\_\_\_ cigarettes a day  
<sup>97</sup>  I don't smoke daily

<sup>2</sup>  No

**B.** If you quit smoking, about long ago did you quit? \_\_\_\_\_ years ago

**C.** How many cigarettes did you smoke each day when you smoked?

\_\_\_\_\_ cigarettes a day  
<sup>97</sup>  I didn't smoke daily

<sup>3</sup>  Don't know

**60.** In the past 30 days, have you smoked a cigar?

<sup>1</sup>  Yes

<sup>2</sup>  No

<sup>3</sup>  Don't know

**61.** How often do you have a drink containing alcohol?

<sup>1</sup>  Never drank alcohol → *SKIP TO QUESTION 65*

<sup>2</sup>  Used to drink, but don't drink any more → *SKIP TO QUESTION 64*

<sup>3</sup>  Once a month or less

<sup>4</sup>  Two to four times a month

<sup>5</sup>  Two to three times a week

<sup>6</sup>  Four or more times a week

<sup>7</sup>  Don't know → *SKIP TO QUESTION 64*

**62.** How many drinks containing alcohol do you have on a typical day when you are drinking?

<sup>1</sup>  1 or 2

<sup>2</sup>  3 or 4

<sup>3</sup>  5 or 6

<sup>4</sup>  7 to 9

<sup>5</sup>  10 or more

<sup>6</sup>  Don't know

**63.** How often do you have five or more drinks on one occasion?

- 1  Never
- 2  Less than monthly
- 3  Monthly
- 4  Weekly
- 5  Daily or almost daily
- 6  Don't know

**64.** Has anyone ever told you that you have a drinking problem?

- 1  Yes
- 2  No
- 3  Don't know

*For the next two questions, think about all the vigorous activities that you did in the last 7 days, either at work, home or recreation. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.*

**65.** During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, running, aerobics, or fast bicycling?

\_\_\_\_\_ days per week

- 9  Don't know

*If no vigorous physical activities, SKIP TO QUESTION 67*

**66.** How much time did you usually spend doing vigorous physical activities on one of those days?

\_\_\_\_\_ hours and \_\_\_\_\_ minutes per day

- 998  Don't know

*Think about all the moderate activities that you did in the last 7 days, either at work, home or recreation. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.*

**67.** During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, cleaning house, gardening or bicycling at a regular pace? Do not include walking.

\_\_\_\_\_ days per week

<sup>9</sup>  Don't know

*If no moderate physical activities, SKIP TO QUESTION 69*

**68.** How much time did you usually spend doing moderate physical activities on one of those days?

\_\_\_\_\_ hours and \_\_\_\_\_ minutes per day

<sup>998</sup>  Don't know

*Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.*

**69.** During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

\_\_\_\_\_ days per week

<sup>9</sup>  Don't know

*If no walking, SKIP TO QUESTION 71*

**70.** How much time did you usually spend walking on one of those days?

\_\_\_\_\_ hours and \_\_\_\_\_ minutes per day

<sup>998</sup>  Don't know

*The next question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing school work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.*

**71.** During the last 7 days, how much time did you spend sitting on a week day?

\_\_\_\_\_ hours per day

98  Don't know

**72.** During the past six months, how much did pain interfere with your ability to exercise?

- 1  Not at all
- 2  A little bit
- 3  Moderately
- 4  Quite a bit
- 5  Extremely
- 6  Don't know

## **LIVING WITH DIABETES**

---

*We realize that diabetes is just one part of your life. The following statements are about living with diabetes.*

*How much do you agree or disagree with the following statements?*

**73.** Taking care of my diabetes is a high priority for me right now.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**74.** I have many more important things in my life than diabetes to take care of now.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know



**75.** What I do has a big effect on my health.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**76.** I can avoid complications of diabetes.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**77.** Good blood sugar control is a matter of luck.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**78.** My blood sugars will be what they will be.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**79.** I have someone I can turn to for support and understanding when things get rough.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**80.** I have someone I can really talk to.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**81.** How much control do you think you have over your future health?

- 1  None at all
- 2  Very little
- 3  Some
- 4  A great deal
- 5  Don't know

**82.** How many close friends or relatives do you spend time with at least once a month?

- 1  Ten or more
- 2  Six to nine
- 3  Three to five
- 4  One or two
- 5  None
- 6  I have no close friends or relatives
- 7  Don't know

**83.** In the past 12 months, how often did you attend religious services (for example, church, synagogue, mosque)?

- 1  Once a week or more
- 2  Once a month or more
- 3  At least once
- 4  Never
- 5  Don't know

**84.** In the past 12 months, how often did you participate in any other types of groups or organizations (for example, social, recreational, support, charity, sports, community, 12-step recovery groups)?

- 1  Once a week or more
- 2  Once a month or more
- 3  At least once
- 4  Never
- 5  Don't know

*Next, we'd like to ask you some general health questions.*

**85.** Overall, how would you rate your health during the past 4 weeks?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- 6  Very poor
- 7  Don't know

**86.** During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- 1  Not at all
- 2  Very little
- 3  Somewhat
- 4  Quite a lot
- 5  Could not do physical activities
- 6  Don't know

**87.** During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- 1  None at all
- 2  A little bit
- 3  Some
- 4  Quite a lot
- 5  Could not do daily activities
- 6  Don't know

**88.** How much bodily pain have you had during the past 4 weeks?

- 1  None
- 2  Very mild
- 3  Mild
- 4  Moderate
- 5  Severe
- 6  Very severe
- 7  Don't know

**89.** During the past 4 weeks, how much did pain interfere with your sleep?

- 1  Not at all
- 2  A little bit
- 3  Moderately
- 4  Quite a bit
- 5  Extremely
- 6  Don't know

**90.** During the past 4 weeks, how much energy did you have?

- 1  Very much
- 2  Quite a lot
- 3  Some
- 4  A little
- 5  None
- 6  Don't know

**91.** During the past 4 weeks, how much did your physical or emotional problems limit your usual social activities with family or friends?

- 1  Not at all
- 2  Very little
- 3  Somewhat
- 4  Quite a lot
- 5  Could not do social activities
- 6  Don't know

**92.** During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- 1  Not at all
- 2  Slightly
- 3  Moderately
- 4  Quite a lot
- 5  Extremely
- 6  Don't know

**93.** During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school, or other daily activities?

- 1  Not at all
- 2  Very little
- 3  Somewhat
- 4  Quite a lot
- 5  Could not do daily activities
- 6  Don't know

*The next questions ask you about recent feelings and thoughts. In each case, please indicate how often you felt or thought a certain way.*

**94.** In the past 4 weeks, how often have you felt that you were unable to control the important things in your life?

- 1  Never
- 2  Almost never
- 3  Sometimes
- 4  Fairly often
- 5  Very often
- 6  Don't know

**95.** In the past 4 weeks, how often have you felt confident about your ability to handle your personal problems?

- 1  Never
- 2  Almost never
- 3  Sometimes
- 4  Fairly often
- 5  Very often
- 6  Don't know

**96.** In the past 4 weeks, how often have you felt that things were going your way?

- 1  Never
- 2  Almost never
- 3  Sometimes
- 4  Fairly often
- 5  Very often
- 6  Don't know

**97.** In the past 4 weeks, how often have you felt difficulties were piling up so high that you could not overcome them?

- 1  Never
- 2  Almost never
- 3  Sometimes
- 4  Fairly often
- 5  Very often
- 6  Don't know

**98.** Over the last 2 weeks, how often have you had little interest or pleasure in doing things?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**99.** Over the last 2 weeks, how often have you been feeling down, depressed, or hopeless?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**100.** Over the last 2 weeks, how often have you had trouble falling or staying asleep, or sleeping too much?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**101.** Over the last 2 weeks, how often have you been feeling tired or having little energy?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**102.** Over the last 2 weeks, how often have you had poor appetite or overeating?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**103.** Over the last 2 weeks, how often have you been feeling bad about yourself -- or that you are a failure or have let yourself or your family down?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**104.** Over the last 2 weeks, how often have you had trouble concentrating on things, such as reading the newspaper or watching television?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**105.** Over the last 2 weeks, how often have you been moving or speaking so slowly that other people could have noticed? Or the opposite -- being so fidgety or restless that you have been moving around a lot more than usual?

- 1  Not at all
- 2  Several days
- 3  More than half the days
- 4  Nearly every day
- 5  Don't know

**106.** On average, how many hours of sleep do you usually get in a 24-hour period?

\_\_\_\_\_ hours of sleep

- 98  Don't know

**107.** How would you rate the quality of your sleep?

- 1  Poor
- 2  Fair
- 3  Good
- 4  Very good
- 5  Excellent
- 6  Don't know

**108.** During the past year, have you had pain that was present most of the time for 6 months or more?

- 1  Yes
- 2  No
- 3  Don't know

*Here are a number of characteristics that may or may not apply to you. Please indicate the extent to which you agree or disagree with each statement.*

**109.** I see myself as dependable, self-disciplined.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know



**110.** I see myself as anxious, easily upset.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**111.** I see myself as disorganized, careless.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

**112.** I see myself as calm, emotionally stable.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  Don't know

*The next questions are about problems reading, understanding and filling out written health materials. Please answer these questions thinking about problems that are not due to poor vision.*

**113.** How often do you have problems learning about your medical condition because of difficulty understanding written information (not including problems due to poor vision)?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Don't know

**114.** How confident are you filling out medical forms by yourself?

- 1  Extremely
- 2  Quite a bit
- 3  Somewhat
- 4  A little
- 5  Not at all
- 6  Don't know

**115.** How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read Kaiser health plan materials (such as written information about your health or care you are offered)?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Don't know

**116.** How often have you had problems understanding the labels and instructions on your medication bottles or boxes (not including problems due to poor vision)?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  Don't know

**117.** During the past 12 months, how often did you have problems using or reading your blood sugar meter (not including problems due to poor vision)?

- 1  Always
- 2  Often
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  I don't use a blood sugar meter
- 7  Don't know

**KNOWLEDGE ABOUT DIABETES**

---

*We would like to ask you some questions about your knowledge about diabetes. Please answer honestly based on your own knowledge, without asking others or looking up information. Please answer "Don't know" rather than guess if you do not know the answer. Please check ONLY ONE answer for each of the following questions.*

**118.** Which of the following is highest in carbohydrates?

- 1  Baked Chicken
- 2  Swiss Cheese
- 3  Baked potato
- 4  Peanut Butter
- 5  Don't know

**119.** Which of the following is highest in fat?

- 1  Low fat milk
- 2  Orange juice
- 3  Corn
- 4  Honey
- 5  Don't know

**120.** Which of the following foods provides low fat protein?

- 1  Broiled fish
- 2  Swiss cheese
- 3  Carrots
- 4  Crackers
- 5  Don't know

**121.** Hemoglobin A-1-c (also called "HbA1c" or "Glycosylated hemoglobin") is a test that is a measure of a person's average blood glucose for the past:

- 1  1 day
- 2  2 weeks
- 3  2-3 months
- 4  4-6 months
- 5  Don't know

**122.** If a person with diabetes suddenly gets sweaty, nervous, and shaky, what should he or she do?

- 1  Lie down and rest
- 2  Take more insulin or diabetes pills
- 3  Eat something with sugar
- 4  Don't know

**HEALTH PLAN COVERAGE**

---

**123.** During the past 10 years, have there been times when you did not have any health insurance?

- 1  Yes  
 2  No → *SKIP TO QUESTION 125*  
 3  Don't know → *SKIP TO QUESTION 125*

**124.** During the past 10 years, for about how long in total were you not covered by any health insurance?

- 1  Less than 6 months  
 2  6 months to one year  
 3  More than one year but less than 3 years  
 4  More than 3 years but less than 5 years  
 5  More than 5 years  
 6  Don't know

**125.** Are you currently covered by any other private health plan or medical insurance besides Kaiser? (Do not include dental insurance.) That is, besides Kaiser, MediCare or Medicaid/Medi-CAL, or dental insurance, are you covered by another private health plan, such as Blue Cross, Blue Shield, Aetna, HealthNet, etc.?

- 1  Yes  
 2  No  
 3  Don't know

**126.** Do you currently have dental insurance?

- 1  Yes  
 2  No  
 3  Don't know

**127.** In the past 12 months, about how many times have you filled a regular prescription at a pharmacy that was NOT a Kaiser pharmacy? Please do not include over-the-counter medications, prescriptions filled during emergencies, or when you were traveling.

- \_\_\_\_\_ times  
 0  None  
 98  Don't know

**128.** In the past 12 months, did you use less medication than was prescribed because of cost? For example, did you try to stretch out your medications, skip doses, take smaller doses, stop a medication, not fill a prescription, or not start a medication? Please answer yes only if the COST of the prescription was the main reason that you used less.

- 1  Yes
- 2  No
- 3  I don't use medications
- 4  Don't know

**129.** In the past year, did you ever have a time when you could not buy diabetes medical equipment (such as glucose strips, glucose monitors or insulin syringes) because it cost too much?

- 1  Yes
- 2  No
- 3  I don't use strips or syringes, etc.
- 4  Don't know

**130.** On the average, how long does it usually take you to get to the medical center where you see your doctor (one way)?

- 1  Less than 15 minutes
- 2  15 to 30 minutes
- 3  31 - 45 minutes
- 4  46 minutes to 1 hour
- 5  1-2 hours
- 6  More than 2 hours
- 7  Don't know

**131.** In the last 12 months, if you missed a medical appointment, what was the main reason(s)?

*(Check ALL that apply)*

- .1  I did not miss a medical appointment without calling to cancel
- .2  Forgot
- .3  Felt too ill to go to the doctor
- .4  Couldn't get there (no transportation)
- .5  Needed to care for a child, parent or someone else
- .6  Couldn't get time off from work
- .7  It was not that important to me
- .8  Other (*specify*) (A) \_\_\_\_\_
- .9  Don't know

**132.** In the past 12 months, did you ever feel that you delayed seeing a doctor or other health care provider longer than you should have?

- 1  Yes
- 2  No
- 3  Don't know

**133.** We would like to know how easy or difficult it is for you to use the Kaiser automated telephone prescription refill system (making your selections using the push buttons on your phone). How much do you agree or disagree with the following statement?

It is easy to refill a prescription over the phone.

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree or disagree
- 4  Agree
- 5  Strongly agree
- 6  I didn't use the automated telephone system
- 7  Don't know

**134.** How often do you have difficulty getting the health care that you need because your English is limited or not good enough?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**ABOUT YOU & YOUR PROVIDERS**

---

Think in general about all of the doctors and health care providers who take care of you and your diabetes at Kaiser.

**135.** Has your doctor or health care provider told you to take aspirin regularly to lower your risk of developing heart disease or stroke?

- 1  Yes, my doctor recommended I take aspirin
- 2  No, my doctor didn't recommend aspirin
- 3  My doctor told me I should NOT take aspirin
- 4  Don't know

**136.** Has your doctor or health care provider ever suggested that you could use an electronic insulin pump?

- 1  Yes
- 2  No
- 3  Don't know

**137.** Have you ever asked your doctor or health care provider for any medication you first learned about on TV?

- 1  Yes
- 2  No
- 3  Don't know

**138.** Has a doctor or health care provider at Kaiser talked with you about checking your own blood sugar?

- 1  Yes
- 2  No → *SKIP TO QUESTION 145*
- 3  Don't know → *SKIP TO QUESTION 145*

**139.** How often did your doctor or health care provider recommend you usually check your own blood sugar? (Choose below what is most like what your doctor recommends.)

- 1  Test every day
- 2  Test at least one day each week
- 3  Test at least one day each month
- 4  Told me to test at home, but didn't say how often
- 5  Don't know

**140.** How many times per day did your doctor or health care provider recommend you usually check your own blood sugar on the days you test?

- 1  4 or more times a day
- 2  3 times a day
- 3  2 times a day
- 4  Once a day
- 5  Told me to test at home, but didn't say how often
- 6  Don't know

**141.** Did your doctor or health care provider give you a target blood sugar level when you test your own blood sugar (that is, if your blood sugar gets above this number, it is too high)?

- 1  Yes → What target number were you given? \_\_\_\_\_  
[mg/dl or milligrams per deciliter]
- 0  No
- 998  Don't know

**142.** During the past 12 months, how often did your doctor or health care provider review your own blood sugar test results?

- 1  Every visit
- 2  Most of the visits
- 3  At least one of the visits
- 4  None of the visits
- 5  No visits in past 12 months → SKIP TO QUESTION 158
- 6  Don't know

**143.** In the last 12 months, has someone at Kaiser told you how to adjust your diabetes medication based on your own blood sugar tests?

- 1  Yes
- 2  No
- 3  Don't know

**144.** In the last 12 months, has someone at Kaiser talked with you about how to adjust your diet or exercise based on your own blood sugar tests?

- 1  Yes
- 2  No
- 3  Don't know



**145.** Have you had a healthcare visit at Kaiser during the past 12 months?

- 1  Yes
- 2  No → SKIP TO QUESTION 158
- 3  Don't know → SKIP TO QUESTION 158

**146.** In the past 12 months, have you discussed any medication cost problems with your doctor or health care provider?

- 1  Yes
- 2  No
- 3  Don't know

**147.** During the last 12 months, how often did your doctor or health care provider examine your feet with your socks off?

- 1  Every visit
- 2  Most of the visits
- 3  At least one of the visits
- 4  None of the visits
- 5  Not applicable (both feet amputated)
- 6  Don't know

**148.** During the past 12 months, have you ever discussed problems with pain with your doctor or health care provider?

- 1  Yes
- 2  No discussion, even though I did have pain
- 3  I haven't had problems with pain
- 4  Don't know

Next, we'd like to ask about the quality of care you received at Kaiser in the last 12 months.

If you have had no visits at Kaiser in the last 12 months, please skip to QUESTION 158.

**149.** Over the last 12 months, how would you rate the overall quality of care you received for your diabetes at Kaiser?

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- 6  No opinion
- 7  Don't know

**150.** In the last 12 months, how often did doctors or health care providers listen carefully to you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**151.** In the last 12 months, how often did doctors or health care providers explain things (directly or through an interpreter) in a way you could understand?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**152.** In the last 12 months, how often did doctors or health care providers show respect for what you had to say?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**153.** In the last 12 months, how often did doctors or health care providers spend enough time with you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**154.** In the past 12 months, how often have you felt that doctors or health care providers at Kaiser treated you poorly or made you feel inferior because of your race or ethnicity?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**155.** In the past 12 months, how often have you felt that doctors or health care providers at Kaiser treated you poorly or made you feel inferior because of your level of education?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**156.** In the past 12 months, how often have you felt that doctors or health care providers at Kaiser treated you poorly or made you feel inferior because of your sex or gender?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**157.** In the past 12 months, how often have you felt that doctors or health care providers at Kaiser treated you poorly or made you feel inferior because of your language?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

*These next questions are about your personal physician, the doctor assigned to you who provides most of your care.*

**158.** Do you have a personal physician, a doctor assigned to you who provides most of your care?

- 1  Yes
- 2  No → SKIP TO QUESTION 166
- 3  Don't know → SKIP TO QUESTION 166

**159.** Is English your primary language?

- 1  Yes → SKIP TO QUESTION 162
- 2  No → Continue to next question

**160.** Without using an interpreter, how well does your personal physician speak your language?

- 1  Excellently
- 2  Very well
- 3  Well
- 4  Fair
- 5  Poorly
- 6  Does not speak my language
- 7  Don't know

**161.** In the last 12 months, how often did you use an interpreter (in person or over the phone) when talking to your personal physician?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  No visits in last 12 months
- 6  Don't know

**162.** In the last 12 months, how often did your personal physician involve you in making decisions about your care as much you wanted?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  No visits in last 12 months → SKIP TO QUESTION 166
- 6  Don't know

**163.** In the last 12 months, how often did your personal physician seem to understand the kinds of problems you have in carrying out recommended treatments?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  No problems in last 12 months
- 6  Don't know

**164.** In the last 12 months, how often have you felt confidence and trust in your personal physician?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**165.** In the last 12 months, how often did you feel that your personal physician was putting your medical needs above all other considerations when treating your medical problems?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always
- 5  Don't know

**HEALTH HISTORY**

---

**166.** How much do you weigh without clothes?

\_\_\_\_\_ pounds

998  Don't know

**167.** How tall are you in your bare feet (without shoes)?

\_\_\_\_\_ feet, \_\_\_\_\_ inches

97  Does not apply because of double amputation

98  Don't know

**168.** Over the past 4 weeks, how often have you had pins and needles, numbness, burning or a tingling sensation in both your feet?

1  5 to 7 days a week

2  3 to 4 days a week

3  1 to 2 days a week

4  1 to 3 days a month

5  Never or rarely

6  Does not apply because of amputation

7  Don't know

**169.** In the past 4 weeks, how many times have you had a low blood sugar (low glucose or hypoglycemic) reaction (symptoms might include sweating, weakness, anxiety, trembling, hunger or headache)?

1  8 or more times

2  4 – 7 times

3  1 – 3 times

4  0 or none

5  Don't know

**170.** In the past year, how many times have you had a severe low blood sugar reaction such as passing out or needing help to treat the reaction?

- 1  12 or more times
- 2  7 – 11 times
- 3  4 – 6 times
- 4  1 – 3 times
- 5  0 or none
- 6  Don't know

**171.** How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include baby teeth or teeth lost for other reasons, such as injury or orthodontics. If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth. Include teeth lost due to infection.

- 1  All teeth lost
- 2  6 or more but not all teeth
- 3  1 to 5 teeth
- 4  No teeth lost
- 5  Don't know

**172.** In your lifetime, have you ever had 2 weeks or longer when nearly every day you felt sad, blue, depressed, or when you lost all interest in most things like work, hobbies, and other things you usually enjoyed?

- 1  Yes
- 2  No → *SKIP TO QUESTION 174*
- 3  Don't know → *SKIP TO QUESTION 174*

**173.** Thinking about your whole lifetime, about how many times has this happened (feeling sad, blue, etc) ?

- 1  Once or twice
- 2  3-5 times
- 3  6 or more times
- 4  Don't know

**174.** Has a doctor or healthcare provider ever told you that you have depression or suggested medication or psychological counseling for depression?

- 1  Yes
- 2  No
- 3  Don't know

**175.** Have you ever been told by a doctor or healthcare provider that you have had a heart attack, a "coronary" or a myocardial infarction ("MI")?

- 1  Yes
- 2  No
- 3  Don't know

**176.** Have you ever been told by a doctor or healthcare provider that you have had a stroke, cerebrovascular accident, blood clot or bleeding in the brain, or a transient ischemic attack, TIA or "mini-stroke"?

- 1  Yes
- 2  No
- 3  Don't know

**177.** Have you ever had a heart bypass, or an angioplasty or balloon to unclog arteries to your heart, leg or brain?

- 1  Yes
- 2  No
- 3  Don't know

**178.** Have you ever had kidney failure that required dialysis or a kidney transplant?

- 1  Yes
- 2  No
- 3  Don't know

**179.** Have you ever had a toe, foot or leg amputated?

- 1  Yes
- 2  No
- 3  Don't know



**FOR MEN ONLY****WOMEN: SKIP TO QUESTION 182**

---

*The following question concerns your ability to get and keep an erection (or “hard-on”). Some men with diabetes occasionally experience problems with this. This question is personal, but your answer is important in helping us better understand how diabetes affects men’s health. Many men have difficulty getting and keeping an erection that is hard enough for satisfactory sexual activity.*

**180.** In the past year, have you used a medication such as Viagra or a device to get or keep an erection (or hard-on)? (Includes medications such as Viagra, Cialis, Levitra or injectable drugs, penis implant or pump device. )

- 1  Yes → SKIP TO LAST PAGE
- 2  No
- 3  Don’t know

**181.** In the past year, how often have you had a problem getting and keeping an erection (or hard-on) good enough for sexual activity?

- 1  Always
  - 2  Usually
  - 3  Sometimes
  - 4  Never
  - 5  Don’t know
-

**FOR WOMEN ONLY**

---

*The following questions concern your urinary or bladder habits. These questions are personal, but your answers are important in helping us better understand women's health issues and diabetes.*

**182.** Some women with diabetes or those who have had children experience occasional accidental leakage of urine, particularly when they cough or laugh. Does this sometimes happen to you?

- 1  Yes
- 2  No → *SKIP TO QUESTION 184*
- 3  Don't know → *SKIP TO QUESTION 184*

**183.** During the past 12 months, how much did your leakage of urine affect your day-to-day activities?

- 1  Not at all
- 2  Slightly
- 3  Moderately
- 4  Quite a bit
- 5  Extremely
- 6  Don't know

**184.** How many times have you given birth (please include live and still births)?

\_\_\_\_\_ number of births

- 98  Don't know

**FINALLY...**

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Did someone help you complete this survey?

- 1  No
- 2  Yes, someone translated the questions into my language
- 3  Yes, someone read the questions to me
- 4  Yes, someone wrote down the answers I gave
- 5  Yes, someone answered the questions for me
- 6  Yes, someone helped in some other way (*please specify*)

---

- 7  Don't know

*You are done! **Thank you so much for your time and effort!***

*Please return this survey in the envelope provided. No postage is required.*

*Please return this survey in the envelope provided. No postage is required.*

*When we receive your completed survey, we will send you a \$10 Safeway gift card at the address on this survey. Please allow 4-6 weeks for delivery.*

*If you have moved, please correct your address below.*

I do not wish to participate at this time; I am returning the survey without completing it.



Kaiser Permanente  
*DISTANCE SURVEY*  
P.O. Box 12916  
Oakland, CA 94604-9929

FOR OFFICE USE ONLY

- Logged in
- Coded/edited by \_\_\_\_\_
- Data entry by \_\_\_\_\_