

Stand up to Diabetes

Optimizing Individual's Experience of Diabetes Care

A Report on Consumer Consultations to the MOHLTC
Implementation Branch

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Host Organization for the WW RCC

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Introduction

To obtain feedback from individuals and families living with diabetes in the Waterloo Wellington LHIN region, two approaches were taken: focus groups and a questionnaire. The following report describes the approach and the key findings to date.

Methodology

This project combined qualitative (focus group interview) and quantitative design.

I. Qualitative - Focus Group Interview with People Living with Diabetes

The *purpose* of the focus group interview is to incorporate the views and opinions of people with diabetes and to use their own words as an important data source to understand each step in their care experience and describe the impact of the diabetes education program on their lives.

Objectives

To explore the public's expectations of diabetes care in terms of:

1. Impact of diabetes on their lives
2. Access to services
3. Effectiveness of Diabetes Education Programs
4. Diabetes care and self-management skills

Setting

The focus group interviews were conducted with people with diabetes in the Waterloo Wellington region. Participation was voluntary. Six focus groups of 54 adults (18+) were conducted in three locations, urban Waterloo and south rural Waterloo (2) and rural Wellington (4) subLHIN areas from November 2011 through January 2012. Participants were recruited during a “Diabetes Expo” organized by the Canadian Diabetes Association (CDA) and the Waterloo Wellington Diabetes Regional Coordination Centre (RCC) and through local diabetes education programs and family health teams by signing up and completing the invitation form (Appendix A). Those who agreed to participate were asked to attend a 1 hour group session and to offer their honest and open opinions to standardised questions asked by the facilitator (Appendix B).

Focus group composition

The composition of each group was based on the duration of their diagnosis of diabetes as follows:

- One group composed of people aged ≥ 18 years who been diagnosed with diabetes within the last 5 years.

- One group composed of people aged ≥ 18 years who been diagnosed with diabetes more than 5 years.

Data collection

The focus groups were conducted in a group setting with a semi-structured format with one experienced facilitator guiding the discussion using a set of 6 questions (Appendix B). It was decided to not audio-tape the discussion to remove any barriers to open dialogue. Two people were assigned to recording and then notes cross-checked for accuracy immediately following the sessions.

Analysis

The focus group transcriptions and field notes were analyzed using a thematic analysis using descriptive, qualitative frequencies of themes and reporting individual comments. A summary of themes from each set of focus groups are reported.

Focus Group Results

Of the 54 individuals who participated in the focus groups, 19 (35.2%) were male and 35 (64.8%) female, 100% English-speaking, and more than 50% having a family history of diabetes. The remainder of the demographics of the six focus groups are summarized as follows:

Table 1: Focus Group Demographics

	Individuals newly diagnosed or living with diabetes less than 5 years (# 23)	Individuals living with diabetes more than 5 years (#31)
Age in years (mean)	62.9	61.3
Language spoken:	English	English
Health profile:		
Type 1 diabetes		2
Type 2 diabetes	23	29
Attended a DEP within the past 12 months	14	21

A summary of themes from each set of focus groups is reported as follows:

Impact of diabetes on their lives

When participants were asked how they felt upon receiving the diagnosis of diabetes, many of them spoke of feeling stressed, anxious, and scared and not knowing how to cope. Some participants expressed a sense of “loneliness” and need for more interaction with health care teams to stay focused on diabetes management. In contrast, northern communities expressed positive feelings that they are connected due to continual interaction with their health care teams.

Some participants did not fully understand the seriousness of the disease. For example when asked what did you think when you were first diagnosed “Well, I said I was glad it was diabetes, because it could have been cancer”.

Acceptance was also often mentioned by participants. They realized that they have to make healthy lifestyle changes in order to have productive life.

Access to services

Over 64% (Table 1) of participants attended or are currently attending a diabetes program. Participants from urban centres felt unattached from the diabetes services after the initial education sessions and did not know who to turn to when they needed additional help, whereas the rural participants were being monitored on an ongoing basis by either the hospital program or family health team and were transferred between the programs depending on diabetes control.

Although nearly all of those in the focus groups stated they had received some information on diabetes and self-management from health care providers, many relied heavily on family or friends for information. Internet was the most common source of information. Both focus group participants wanted more information on medication, test results, and how to manage the disease, and what to expect. Participants suggested visual aids to improve information access.

One of the key underlying feelings from all the focus groups was a need for this group to have a sense of community. This was expressed as a need for more support groups for exercise, networking activities and social support networks. Also, at the conclusion of the session many participants were hesitant to leave and wanted to continue to share their stories.

Effectiveness of Diabetes Education Programs

The structure of diabetes education in the urban centres was felt both effective and not effective. The majority of the participants from the urban centres attended 3 days of education. Some felt that it was too long, all over the place with no focus, overwhelming with large class sizes and occasionally too basic. Whereas other indicated that they learned a lot and enjoyed the class size.

Participants felt that understanding blood glucose targets was essential but there was some confusion about the different targets pre and post meal and what to do about numbers outside of the recommended range. This was highlighted and agreed by all participants.

There were discussions in the groups about what advice the participants would give others who were diagnosed with diabetes. Knowledge about nutrition, weight control, physical exercise and stress management were the most common suggestions. Several participants recommended attending diabetes education and seeking help from health care professionals.

Diabetes Care and Self-management

The majority of respondents in the focus groups perceived family physicians and diabetes education team as being essential to the effective management of diabetes. However, some of participants felt that their physicians are too busy to provide adequate time for discussion on diagnosis, symptoms and management.

Almost all of participants spoke about the challenges of managing lifestyle changes (i.e. cooking, exercising, controlling portion sizes etc.). Another common theme was the frustration at the difficulty of reading food labels and using them as a tool to plan balanced diet. Participants expressed concern about the role of stress in managing diabetes, and learning to manage stress was seen as crucial information for the participants in both focus groups. Blood sugar testing and multiple medications were mentioned less frequently.

Key Findings

- Each group had a slightly different focus on what they believed to be the main goal/purpose of diabetes education which reflected the characteristics of the group mostly by the stage of disease
- The physician's role was recognised as essential to the effective management of diabetes by almost all participants in both groups
- Access to information emerged as an important factor
- Participants would like to have other support mechanisms to learn and share diabetes experiences, such as support groups
- Participants often relied on friends and family for information when they could not get the desired information from their health care provider or did not understand the information given
- Access to reliable information when unable to contact healthcare team or family physician was important
- Participants suggested visual aids to improve information access
- Healthy eating was seen as the biggest obstacle to self-management and participants wanted more information such as sharing of recipes, cooking techniques, label reading etc.
- Participants did not have a full understanding of the importance of tests and results (i.e. foot care, A1C, LDL, and eye-exams)

I. Quantitative –“Experience of People Living with Diabetes”

Instrument design

A questionnaire was used as the survey instrument (Appendix C). The questions were developed by Waterloo Wellington DRCC members using validated tools and surveys. The survey content included questions about (1) demographics and background, (2) impact of diabetes on their lives, (4) health beliefs, (5) knowledge and understanding, (6) self management, (7) access to services, and (8) experience with diabetes education program.

Data collection and analysis

Information was collected in a variety of methods. In November 2011, over 200 surveys were distributed to people living with diabetes during a “Diabetes Expo” organized by the Canadian Diabetes Association (CDA) and the Waterloo Wellington Diabetes Regional Coordination Centre (RCC). A self-addressed stamped envelope for returning the completed surveys was included. To facilitate response to the survey, respondents also received a link to complete the survey on-line (Survey Monkey). A further mail-out link to the on-line survey and hard copies were distributed to pharmacies, local diabetes education centres and family health teams. This survey is still in progress.

Frequency tables were used to analyse preliminary data. In some cases respondents failed to answer questions, in this case non applicable (N/A) response was recorded.

Results

As of January, 2012, approximately 980 surveys were distributed¹. Overall, 154 surveys were completed and returned. Of the respondents, 49.0% (n=72) were male and 51.0% (n=75) female; 100% English-speaking; and 96.6% Caucasian. The majority of respondents were over 55 years old (73.5%). Over 55% of respondents have been diagnosed with diabetes within the last 5 years and 44.7% of respondents were diagnosed 6 years and over (Table 1). Most of respondent’s educational level was college/university (41.6%) and high school graduates (36.1%).

The preliminary results are presented as following:

Table 1: How long ago were you told by a doctor that you had diabetes? (years)		
Answer Options	Response Percent	Response Count
Less than 1 year	19.7%	30
1 to 5 years	35.5%	54
6-20 years	32.9%	50
> 20 years	11.8%	18

¹ Survey distribution and data collection is still in progress.

<i>answered question</i>	152
<i>skipped question</i>	2

Table 2: Which type of diabetes did your doctor say that you have?		
Answer Options	Response Percent	Response Count
Type 1 (also called juvenile diabetes)	6.8%	10
Type 2 (also called adult onset diabetes)	85.0%	125
Gestational Diabetes	0.0%	0
Prediabetes	8.2%	12
Other (please specify)		3
<i>answered question</i>		147
<i>skipped question</i>		7

Table 3: Are you now taking diabetes pills?		
Answer Options	Response Percent	Response Count
Yes	58.1%	86
No	41.9%	62
<i>answered question</i>		148
<i>skipped question</i>		6

Table 4: Have you always treated your diabetes with insulin?		
Answer Options	Response Percent	Response Count
Yes	10.4%	14
No	89.6%	121
<i>answered question</i>		135
<i>skipped question</i>		19

Table 5: Have you been told that you have any of the following:		
Answer Options	Response Percent	Response Count
High blood pressure?	77.0%	97
High cholesterol?	72.2%	91
Kidney problems?	7.1%	9
Eye problems related to diabetes?	13.5%	17
Other (please specify)		9
<i>answered question</i>		126
<i>skipped question</i>		28

Table 6: In general, I believe that: I can support myself in dealing with my diabetes.

Answer Options	Response Percent	Response Count
Stongly Agree	26.8%	40
Agree	39.6%	59
Neutral	18.1%	27
Disagree	14.8%	22
Strongly Disagree	0.7%	1
<i>answered question</i>		149
<i>skipped question</i>		5

Table 7: In general, I believe that: I can motivate myself to care for my diabetes.

Answer Options	Response Percent	Response Count
Strongly Agree	27.7%	41
Agree	45.3%	67
Neutral	14.9%	22
Disagree	11.5%	17
Strongly Disagree	0.7%	1
<i>answered question</i>		148
<i>skipped question</i>		6

Table 8: In general, I believe that: The emotional impact of diabetes affects my daily activities.

Answer Options	Response Percent	Response Count
Stongly agree	9.9%	15
Agree	28.9%	44
Neutral	29.6%	45
Disagree	18.4%	28
Strongly disagree	13.2%	20
<i>answered question</i>		152
<i>skipped question</i>		2

Table 9: What statement best reflects your understanding about RISK of getting Type 2 diabetes?

Answer Options	Increase the risk	Has NO effect on risk	Decreases risk	Don't know	Rating Average	Response Count
Having an Asian background	28	11	3	61	2.94	103

Being 40 years of age or older	114	8	0	6	1.20	128
Having had diabetes during pregnancy	56	6	1	36 (36.4%)	2.17	99
Having a family history of diabetes	128	3	0	8	1.19	139
<i>answered question</i>						146
<i>skipped question</i>						8

Table 10: What statement best reflects your understanding and opinion of managing diabetes?							
Answer Options	Strongly agree	Agree	Neutral	Disagree	Stongly disagree	Rating Average	Response Count
Keeping my blood sugar as close to normal can prevent complications.	115	36	1	0	0	1.25	152
Exercising regularly helps to lower my blood sugars.	109	36	5	0	1	1.33	151
Eating a healthy diet includes eating 3 meals a day.	112	37	3	0	0	1.28	152
I should have a blood test called A1C done every 3 to 6 months.	106	35	8	0	0	1.34	149
I should have my eyes tested every 1 to 2 years.	122	25	5	0	0	1.23	152
I should have my cholesterol checked every 6 months to a year.	107	37	7	0	0	1.34	151
<i>answered question</i>							152
<i>skipped question</i>							2

Table 11: In the past month, how well have you followed the recommendation for:							
Answer Options	Never	Sometimes	Usually	Always	N/A	Rating Average	Response Count
Glucose testing with your meter	5	19	28	89 (60.1%)	7	3.43	148
Glucose recording in your log-book	31	22	12	73 (49.7%)	9	2.92	147
Administering correct insulin dose	13	1	8	35 (26.1%)	77	3.14	134
Adjusting insulin intake based on blood glucose values	17	6	4	28 (20.6%)	81	2.78	136
Carrying quick-acting sugar to treat a reaction	31	14	20	48 (33.6%)	30	2.75	143
Exercising regularly	12	54	38	35 (24.6%)	3	2.69	142
<i>answered question</i>							148
<i>skipped question</i>							6

Table 12: In the past 12 months, did you have:

Answer Options	Response Percent	Response Count
An eye examination	85.2%	127
An A1C lab test	90.6%	135
A lab test for cholesterol	90.6%	135
Foot inspection by your Doctor or Nurse Practitioner	62.4%	93
Diabetes Education appointment	62.4%	93
Dental examination	70.5%	105
Other (please specify)		3
<i>answered question</i>		149
<i>skipped question</i>		5

Table 13: When you had a question about your diabetes, who did you contact for information or advice?

Answer Options	Response Percent	Response Count
Family Doctor	67.6%	96
Nurse	11.3%	16
Pharmacist	27.5%	39
Diabetes Educator	51.4%	73
Specialist (i.e.Endocrinologist)	21.8%	31
Foot care specialist	12.7%	18
Plese specify		10
<i>answered question</i>		142
<i>skipped question</i>		12

Table 14: Have you ever attended a diabetes education program?

Answer Options	Response Percent	Response Count
Yes	89.3%	133
No	10.7%	16
<i>answered question</i>		149
<i>skipped question</i>		5

Table 14 a: If "No", which of the following statement(s) is the reason for not attending?

Answer Options	Response Percent	Response Count
My doctor never referred me	36.4%	8
I didn't want to attend	4.5%	1
I am not aware of any diabetes education programs	27.3%	6

The times are not suitable for me to attend	22.7%	5
Other (please specify)	45.5%	10
<i>answered question</i>		22
<i>skipped question</i>		132

Table 15: Once you were referred to a diabetes education program, about how long did it take to see an educator?

Answer Options	Response Percent	Response Count
Less than 1 week	15.2%	20
1-2 weeks	31.8%	42
3-4 weeks	35.6%	47
More than 4 weeks	17.4%	23
Other (please specify)		6
<i>answered question</i>		132
<i>skipped question</i>		22

Table 17: How would you rate your overall experience with the diabetes education program?

Answer Options	Response Percent	Response Count
Very dissatisfied	3.5%	5
Dissatisfied	5.0%	7
Satisfied	40.4%	57
Very satisfied	51.1%	72
<i>answered question</i>		141
<i>skipped question</i>		13

Key Findings

- 66.4% of respondents believe that they can support themselves in dealing with diabetes
- 73% of respondents agreed that they can motivate themselves to care for diabetes, yet results show that most of individuals are poorly following the recommendations eg. 47% of respondents never or sometimes follow exercise recommendations
- 39% of respondents believed the emotional impact of diabetes affected their life
- Majority of respondents identified family physicians and diabetes educators as main source for information or advice
- 89.3% of respondent attended diabetes education programs but 61.5% have not attended in past year

- The most common reason provided by respondents for not attending a diabetes education program was: doctor did not refer to diabetes program (36.4%) which conflicts with the physician survey response where 73% of respondents “indicated patients unwilling to attend” as highest reason for not referring
- Also indicate as common reasons for not attending: been never aware of any diabetes programs (27.3%), and times were not suitable for respondent to attend (22.7%)
- Majority (91.1%) of respondents rated their experience with diabetes education program as satisfied to very satisfied
- Only 61.5% reported having a foot inspection done in the past year
- 77% of respondents indicate they have high blood pressure and 72.2% indicate high cholesterol
- Only 56% of respondents were aware that GDM is a risk factor for Type 2 diabetes

Appendix A – Invitation Form

The Waterloo Wellington Diabetes Regional Coordination Centre would like to learn about your experience with diabetes care in your region. If you would like to be a part of a Patient Focus Group interview, please complete this form and sign up. Your participation and answers will be kept confidential.

PLEASE ANSWER THE FOLLOWING QUESTIONS

BACKGROUND:

1. City/Community _____ Postal code: _____
2. Sex: Male Female
3. Language spoken: English French Other _____
4. How old are you? _____ years old
5. How long ago were you told by a doctor that you had diabetes? _____ years
6. Which type of diabetes did your doctor say that you have?
 - Type 1 diabetes
 - Type 2 diabetes
7. Have you ever attended a diabetes patient education program (a series of classes) within the past 12 months?
 Yes No

THANK YOU!

Appendix B - The Discussion Questions Used:

Group 1: Individuals newly diagnosed or living with diabetes less than 5 years

Question 1: *How did you feel when you were first told you had diabetes?* (not symptoms, but your emotional reaction to the diagnosis—concerns; seriousness of dx.; the impact on your family?) *(Impact of diabetes on their lives)*

Question 2: *How easy or difficult was it for you to find information on diabetes management?* (Where did you go for information ie: web; library; friends etc.) *(Access to services)*

Question 3: *Were you referred to a Diabetes Education Program?* (When, by whom, did referral require prompting?) *(Access to services)*

Question 4: *Tell us about your experience with the Diabetes Education Program?* (Was it worth your time, what did you like about the program; what didn't you like about the program?, how long did it take to get in to the program, was it convenient location/time?) *(Access to services; effectiveness of DEPs)*

Question 5: *If a friend or colleague were diagnosed with diabetes tomorrow, what 1 piece of advice would you give them?* *(Impact of diabetes on their lives; Diabetes Care/Self-Management; Effectiveness of DEPs)*

Question 6: *If there was 1 priority the RCC should focus on, what would it be?* *(Access to services; effectiveness of DEPs; Diabetes Care/Self-Management)*

Group 2: Individuals living with diabetes more than 5 years

Question 1: Knowing that you have been living with diabetes for some time, how do you stay current with your knowledge of diabetes treatment and management? (Is there something missing, or something that would be helpful to you to keep you better informed?) *(Impact of diabetes on their lives; Access to Services; Effectiveness of DEPs; Diabetes Care/Self-Management;)*

Question 2: Have you attended a Diabetes Education Program and do you still follow-up with them—why or why not? (Capture experience; information received; accessibility) *(Impact of diabetes on their lives; Access to Services; Effectiveness of DEPs; Diabetes Care/Self-Management;)*

Question 3: If and when you have had a question related to your diabetes care, who do you call? (GP, Nurse Practitioner, Diabetes Educator etc.) **Have you ever felt there was no one to call—if so, what then?** *(Impact of diabetes on their lives; Access to Services; Effectiveness of DEPs; Diabetes Care/Self-Management;)*

Question 4: The 3 indicators that the provincial government are measuring are whether people are having their A1C and LDL (bad cholesterol) done and whether they are having their eyes checked every 1-2 years. (Show of hands: How many people know their last A1C? How often do you think you should have it done? How many people have their eyes tested every year—why or why not?) *(Diabetes Care/Self-Management;)*

Question 5: If a friend or colleague were diagnosed with diabetes tomorrow, what 1 piece of advice would you give them? *(Impact of diabetes on their lives; Effectiveness of DEPs; Diabetes Care/Self-Management;)*

Question 6: If there was 1 priority the RCC should focus on, what would it be? *(Access to services; effectiveness of DEPs; Diabetes Care/Self-Management)*

Appendix C – Questionnaire “Experience of People Living with Diabetes”

Experience of People Living with Diabetes

**The Waterloo Wellington Diabetes Regional Coordination Centre is inviting people who would like to share their experiences about living with diabetes to participate in a survey. The information collected will be used to improve diabetes in the region. Please feel free to fill in either the hard copy of the survey and return it to us or to follow the link below and complete this survey on line at : <http://www.surveymonkey.com/s/SWZB5NC6>
Your information and answers will be kept confidential.**

Thank you for your participation!

1. Postal code:

2. Your age:

- Less than 18 years 35-44 65-74
 18-24 45-54 75+ years
 25-34 55-64

3. You are:

- Male Female

4. You speak:

- English French

Other (please specify)

5. Your background is:

- Caucasian East Asian
 African/Black/Caribbean Hispanic/Latino
 South Asian Aboriginal

Other (please specify)

Experience of People Living with Diabetes

6. What is the highest grade or year of school you completed?

- Grades 1-8 College Graduate
 High school graduate (Grade 12) University Graduate
 Certificate Program

Other (please specify)

7. How long ago were you told by a doctor that you had diabetes? (years)

- Less than 1 year 6-20 years
 1 to 5 years > 20 years

8. Which type of diabetes did your doctor say that you have?

- Type 1 (also called juvenile diabetes) Gestational Diabetes
 Type 2 (also called adult onset diabetes) Prediabetes

Other (please specify)

9. Are you now taking diabetes pills?

- Yes No

10. Are you now taking insulin?

- Yes No

11. Have you always treated your diabetes with insulin?

- Yes No

12. Have you been told that you have any of the following:

- High blood pressure? Kidney problems?
 High cholesterol? Eye problems related to diabetes?

Other (please specify)

13. How often does your diabetes prevent you from doing your normal daily activities (could not work or go to school)?

- Choose one number.
- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 Never | 2 | 3 | 4 | 5 Frequently |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Experience of People Living with Diabetes

14. In general, I believe that: I can support myself in dealing with my diabetes.

Strongly Agree Agree Neutral Disagree Strongly Disagree

15. In general, I believe that: I can motivate myself to care for my diabetes.

Strongly Agree Agree Neutral Disagree Strongly Disagree

16. In general, I believe that: The emotional impact of diabetes affects my daily activities.

Strongly agree Agree Neutral Disagree Strongly disagree

17. What statement best reflects your understanding about RISK of getting Type 2 diabetes?

	Increase the risk	Has NO effect on risk	Decreases risk	Don't know
Having an Asian background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being 40 years of age or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having had diabetes during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a family history of diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. What statement best reflects your understanding and opinion of managing diabetes?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Keeping my blood sugar as close to normal can prevent complications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising regularly helps to lower my blood sugars.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating a healthy diet includes eating 3 meals a day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should have a blood test called A1C done every 3 to 6 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should have my eyes tested every 1 to 2 years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should have my cholesterol checked every 6 months to a year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Experience of People Living with Diabetes

19. In the past month, how well have you followed the recommendation for:

	Never	Sometimes	Usually	Always	N/A
Glucose testing with your meter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glucose recording in your log-book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administering correct insulin dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjusting insulin intake based on blood glucose values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrying quick-acting sugar to treat a reaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. In the past 12 months, did you have:

- | | |
|---|---|
| <input type="checkbox"/> An eye examination | <input type="checkbox"/> Foot inspection by your Doctor or Nurse Practitioner |
| <input type="checkbox"/> An A1C lab test | <input type="checkbox"/> Diabetes Education appointment |
| <input type="checkbox"/> A lab test for cholesterol | <input type="checkbox"/> Dental examination |

Other (please specify)

21. When you had a question about your diabetes, who did you contact for information or advice?

- | | |
|--|--|
| <input type="checkbox"/> Family Doctor | <input type="checkbox"/> Diabetes Educator |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Specialist (i.e. Endocrinologist) |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Foot care specialist |

Please specify

22. In the last year did you go to an Emergency department for a diabetes related event?

- Yes No

23. Have you ever attended a diabetes education program?

- Yes No

Experience of People Living with Diabetes

24. If "No", which of the following statement(s) is the reason for not attending?

- My doctor never referred me
- I didn't want to attend
- I am not aware of any diabetes education programs
- The times are not suitable for me to attend
- Other (please specify)

25. Once you were referred to a diabetes education program, about how long did it take to see an educator?

- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks

Other (please specify)

26. How would you rate your overall experience with the diabetes education program?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied