


# MEPS

Medical Expenditure Panel Survey



## A Survey About Your Diabetes Care

The care of people with diabetes is an important concern of the Public Health Service. Please take a few minutes to answer the following questions on the care you received for your diabetes. Your participation is voluntary and all of your answers will be kept confidential. If you have any questions about this survey, please call Alex Scott at 1-800-945-MEPS (6377).

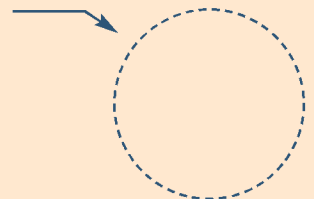
This survey should be completed by 

NAME: \_\_\_\_\_

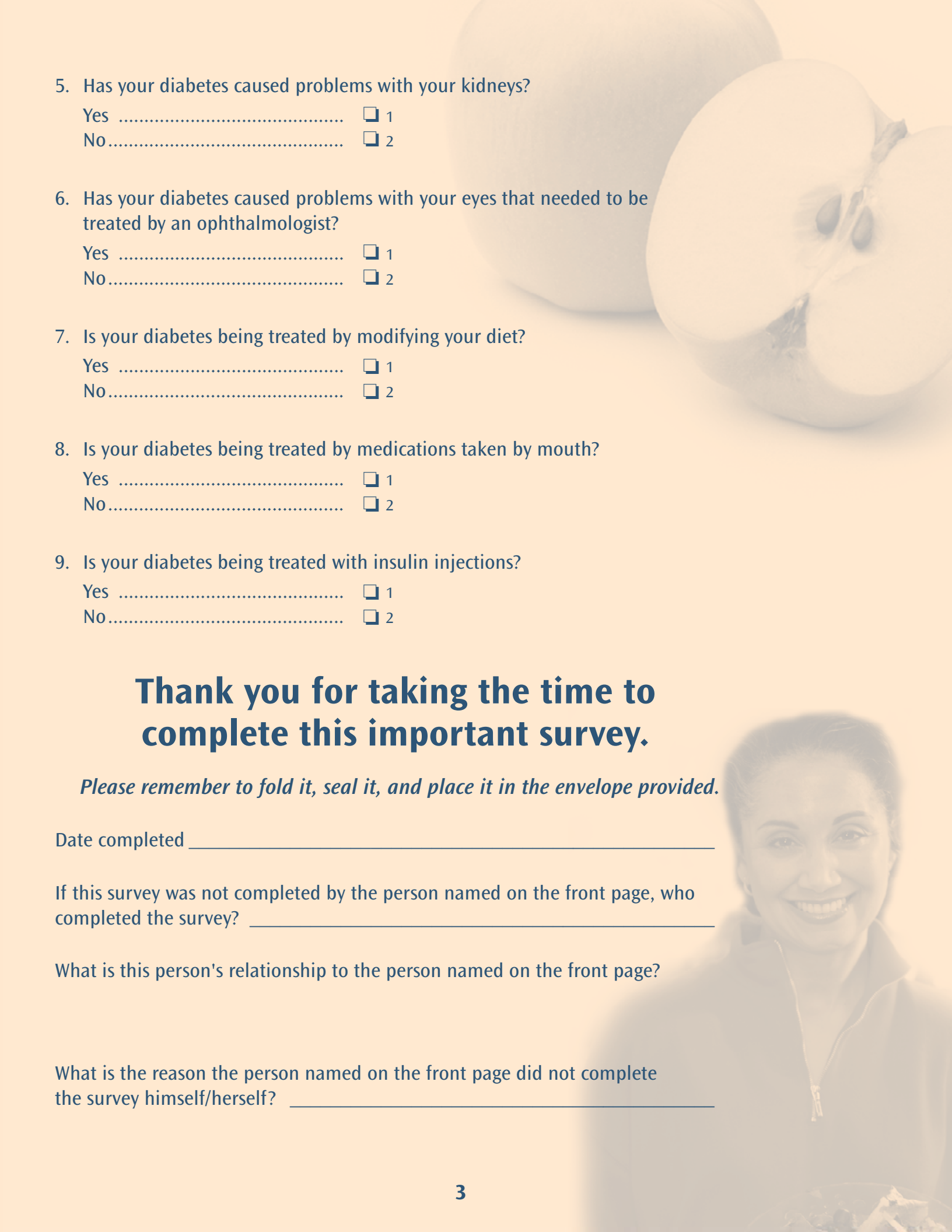
DOB: \_\_\_\_\_ PID: \_\_\_\_\_

RUID: \_\_\_\_\_

When you have completed the survey, please fold it, seal it with this label, and place it in the envelope provided.





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5. Has your diabetes caused problems with your kidneys?  
Yes .....  1  
No .....  2
6. Has your diabetes caused problems with your eyes that needed to be treated by an ophthalmologist?  
Yes .....  1  
No .....  2
7. Is your diabetes being treated by modifying your diet?  
Yes .....  1  
No .....  2
8. Is your diabetes being treated by medications taken by mouth?  
Yes .....  1  
No .....  2
9. Is your diabetes being treated with insulin injections?  
Yes .....  1  
No .....  2

**Thank you for taking the time to complete this important survey.**

*Please remember to fold it, seal it, and place it in the envelope provided.*

Date completed \_\_\_\_\_

If this survey was not completed by the person named on the front page, who completed the survey? \_\_\_\_\_

What is this person's relationship to the person named on the front page?

What is the reason the person named on the front page did not complete the survey himself/herself? \_\_\_\_\_

