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## Health Consumer Powerhouse survey for people with diabetes 2008

### The ten questions

The compiler of the annual EuroHealth Consumer Index, the Brussels and Stockholm-based HEALTH CONSUMER POWERHOUSE (HCP), has now started looking at how well each country in Europe treats individual diseases.

DIABETES is one of the first such diseases to be examined by HCP.

The questionnaire below allows you to contribute your views to HCP's forthcoming Euro Diabetes Healthcare Index 2008. The questionnaire is short — only ten questions, followed by some very brief profiling questions. Filling it in should take you no more than about 5 (or, at most, 10) minutes.

The survey is being conducted online on this specialist survey site, so allowing all responses to be completely ANONYMOUS. No IP addresses or email details can reach the survey managers (unless you choose to mention such information in the survey).

If, however, you would like to be sent the weblink to the completed Euro Diabetes Healthcare Index 2008 when it is published in September 2008, you can specify your CONTACT DETAILS at the end of the questionnaire.

The survey will close on Wednesday, 28th May 2008 (but we would welcome your input earlier than that, as your opinions can help to quickly establish some trends).

Health Consumer Powerhouse would like to thank Pfizer for an unrestricted grant that covers the costs of producing the Euro Diabetes Healthcare Index 2008.

The survey is being administered by PatientView (a UK-based publishing and research organisation) on behalf of Health Consumer Powerhouse. Should you have any questions regarding this survey, please do not hesitate to contact the survey administrator:

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### Question 1

**When did you first find out that you had diabetes?**

**[Please specify only one option]**

In the last year.

1 to 2 years ago.

2 to 5 years ago.

5 to 10 years ago.

More than 10 years ago.

I do not know.

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## Question 2

### How did you first find out that you had diabetes?

#### [Please specify only one option]

I was feeling unwell, and I sought medical advice.

After my parents took me to the doctor, when I was a child.

After a routine, regular check up by the GP/nurse.

After a hospital check up, following a visit to the Accident & Emergency department.

After a hospital check up conducted before an operation.

After a routine test at my sports/health club.

After a routine test at my workplace.

After a routine test when I applied for private medical/life insurance.

Other (please specify)

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## QUESTION 3

### BEFORE you were diagnosed with diabetes, how often did you get the following checked by a doctor/nurse?

a. Your blood sugar level.

b. Your blood pressure.

c. Your blood lipid level.

At least twice a year.

Once a year.

Less often than once a year.

Never, to my knowledge.

a. Your blood sugar level.

b. Your blood pressure.

c. Your blood lipid level.

I do not know.

Other (please specify)

#### QUESTION 4

**Is HIGH-QUALITY information about the providers of diabetes care (hospitals/clinics) easily available to you?**

**[In this survey, "high-quality information" means up-to-date information on the performance of your hospitals/clinics (and especially on how well they treat diabetes).]**

**[Please specify only one option]**

Yes, and it includes statistics on the results of these providers of care.

Information is available, but it is hard to get.

No such information is available.

I do not know.

Other (please specify)

#### QUESTION 5

**Is HIGH-QUALITY information about diabetes medicines and diabetes medical devices easily available from any of the following sources?**

**[The information can be either in print, on the Internet, or received by word of mouth, but please only specify an option if the information comes from WITHIN YOUR OWN COUNTRY.]**

**[You may specify more than one option if you wish]**

Doctors and other health professionals.

Industry (pharmaceutical and medical device companies).

Insurers.

The media (including the medical press).

National or local government.

Patient/consumer organisations.

Pharmacists.

Regulators of medicines and devices.

Schools.

Supermarkets, health clubs, and travel companies.

Universities and researchers.

I do not know.

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### QUESTION 6

**Do you take lipid-lowering medication (statins)?**

**[Please specify only one option]**

Yes (though I have not had a heart problem).

Yes (I have had a heart problem).

No, because I would have to pay for it myself.

No.

Other (please specify)

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### QUESTION 7

**Are you suffering from any diabetes complications?**

**[You may specify more than one option if you wish]**

Yes, serious complications.

Yes, minor complications.

No.

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### QUESTION 8

- |                            |  |                      |   |
|----------------------------|--|----------------------|---|
| a. Checked eye conditions. | b. Kidneys checked (microalbumin test) | c. Foot examination. | d. Average blood sugar level checked (HbA1c test) |
|----------------------------|--|----------------------|---|

More than once a year.

Once a year.

Less than once a year.

- a. Checked eye conditions.
- b. Kidneys checked (microalbumin test)
- c. Foot examination.
- d. Average blood sugar level checked (HbA1c test)

I do not get checked for this.

Other (please specify)

### QUESTION 9

**Given your own treatment/care thus far, how good do you think your country's healthcare system is at treating/caring for people with diabetes?**

**[Please specify only one option]**

Excellent.

Good.

Fair.

Poor.

Would you like to comment on your answer?

### QUESTION 10

**Which of the following potential changes to your country's healthcare services would, in your opinion, be the single-most important for helping people with diabetes?**

**[Please specify only one option]**

Better information about the correct diabetes treatment/care/support.

Policies which ensure that people with diabetes get the correct treatment/care/support.

More doctors and nurses skilled and expert in diabetes treatment/care.

Training in communication skills for doctors and nurses, so that they are better at listening to patients.

Better social support, so that people with diabetes can lead a more normal, independent life.

Reductions in bureaucracy and barriers, to make it easier for patients with diabetes to receive medical care.

Other (please specify)



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