



# Diabetic Patient Survey 2007

## Section 1

Please tell us about the patient.

**Q1 Are you the patient?**

- Yes.....
- No, I am completing this on behalf of the patient .....

**Q2 Age of the patient in years?**

**Q3 Gender of the patient?**

- Male .....
- Female .....

**Q4 Do you live with someone who is able to assist you when you experience a hypoglycaemic event?**

- Yes, they are able to call for help and start treatment.....
- Yes, they are able to call for help but are not able to start treatment.....
- No, those I live with are unable to offer assistance .....
- No, I live alone .....

**Q5 What type of diabetes do you have?**

- Type 1 (Insulin dependent) .....
- Type 2 (non insulin dependent).....

**Q6 Do you have good warning signs that your blood sugar level is getting low?**

- Yes.....
- No.....

**Q7 When did you last go to a diabetic clinic / see your GP about your diabetes?**

- In the last month.....
- 2 - 6 months ago .....
- 7-12 months ago .....
- Over 12 months ago.....

**Q8 Have you had any specific education about diabetes from a doctor or nurse?**

- Yes, in the last year.....
- Yes, but not in the last year.....
- No, I have never had any education on diabetes.....

**Q9 Including this occasion, how many times have you contacted the ambulance service for a diabetes related incident in the last year?**

**Q10 In the last year, have you called anyone else for help for a hypoglycaemic event other than the ambulance service?**

- Yes.....
- No.....

If yes, please state who you called for help

## Section 2

**Please tell us about your experience of the ambulance service on this occasion.**

**Q11 Was the cause of the diabetic event known?**

Yes.....

No.....

*If yes, what was the cause?*

**Q16 Did the ambulance crew leave you in the company of an adult?**

*They left me on my own*.....

*They left me with an adult*.....

*They left me with my children (under age 18) who are **able** to look after me after a hypo*.....

*They left me with my children (under age 18) who are **unable** to look after me after a hypo*.....

**Q12 Did the ambulance crew tell you what to do if your condition got worse later?**

Yes.....

No.....

Unable to say.....

**Q17 Did you receive a follow up call from an Ambulance Trust clinical advisor after the incident?**

Yes.....

No.....

**Q13 Did the ambulance crew advise you to eat carbohydrates / a meal?**

Yes.....

No.....

Unable to say.....

**Q18 Did you have any further hypo events between the crew leaving and receiving the call from the clinical advisor?**

Yes.....

No.....

*I did not receive a call from a clinical advisor*.....

**Q14 When did you next eat carbohydrates/ a meal after the ambulance crew left?**

*Within 1 hour*.....

*In 1 to 4 hours*.....

*In 4 to 12 hours*.....

*In more than 12 hours*.....

**Q19 In which way would you prefer to be treated for an emergency diabetic event?**

*I would prefer to be treated at home by the ambulance crew*.....

*I would prefer to be taken to hospital by the ambulance crew*.....

**Q15 Were you taken to hospital by the ambulance crew?**

Yes.....

No.....

**Q20 Was your GP informed about your diabetic event on this occasion?**

*I was advised to contact my GP*.....

*The ambulance crew contacted my GP*.....

*The clinical advisor contacted my GP*.....

*No GP contact was made*.....

**If you answered 'Yes' to question 15 please go on to q19. If you answered 'No' to q15 please continue on to q16.**

**Q21 Do you feel the advice and treatment you were given by the Ambulance Trust adequately dealt with your condition?**

- Completely .....
- Adequately .....
- Fairly adequately.....
- Inadequately.....
- Not at all.....

**Q23 Overall, how would you describe the service you received from the Ambulance Trust?**

- Very satisfactory.....
- Satisfactory .....
- Fairly satisfactory .....
- Unsatisfactory .....
- Very unsatisfactory.....

**Q22 How would you describe the service you received in relation to your expectations of the Ambulance Trust?**

- Exceeded my expectations .....
- Met my expectations .....
- Reasonably met my expectations .....
- Barely met my expectations .....
- Did not meet my expectations.....

**Q24 Please use this box to tell us if you have any other comments, if you would like to suggest ways the Ambulance Trust could do more to help you and other sufferers of diabetes, or to tell us what we are particularly doing well, or doing badly.**

Ref1:

Ref2:

# Ethnic Origin

We as a Trust, in line with other health care providers, are charged by the Government Department of Health to collect information about the ethnic group of patients. This information can help us to plan to meet the needs of the community and ensure that everyone has equal access to the health care we provide.

Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong. All information provided will be kept confidential.

The classification is entirely voluntary but will help us to provide a better service. The level of care you will be offered by this Trust will not be affected by your decision to complete this form. If you have any queries about completing this form please call Victoria Maillardet on 01603 422747. Otherwise, please complete the form below by ticking the box of the ethnic group you feel you belong to, or choose the 'Any other ethnic group' option.

- White British* .....
- White Irish* .....
- Any other White*.....
- White and Asian* .....
- White and Black Caribbean*.....
- White and Black African* .....
- Chinese* .....
- Indian*.....
- Pakistani*.....
- Bangladeshi*.....
- Caribbean*.....
- African* .....
- Any other Asian background* .....
- Any other Black background*.....
- Any other ethnic group* .....
- Any other mixed background*.....

**Thank you for your time.**

**If you would like any help completing this questionnaire or have any queries, please contact Victoria Maillardet in the Clinical Quality Department on 01603 422747.**