Appendix A

Insulin Delivery System Rating Questionnaire

PATIENT CHARACTERISTICS

Gender: ☐ Male ☐ Female Current age: _____ years

Age at diagnosis of diabetes: _____ years Age at start of insulin use: _____ years

FREQUENCY OF BLOOD GLUCOSE MONITORING:

☐ Never ☐ Rarely ☐ A few times a month ☐ A few times a week
☐ Once daily ☐ Twice daily ☐ Three times daily ☐ More than three times daily

THESE QUESTIONS REFER TO THE INSULIN DELIVERY SYSTEM YOU ARE CURRENTLY USING.

I am currently using: ☐ Vial and Syringe ☐ Insulin Pump ☐ Pen
(Check all that apply) ☐ Needleless Injector ☐ Inhaled Insulin ☐ Other _____

How long have you been using this insulin delivery system? _____ years

If you take injections, how many injections do you take per day?
(Circle one number) 1 2 3 4 5 6 7+

What type of insulins do you use? (Check all that apply)
☐ NPH ☐ Lente ☐ Ultra Lente ☐ Lantus ☐ Regular ☐ Humalog ☐ Novolog

HOW SATISFIED ARE YOU WITH YOUR CURRENT INSULIN DELIVERY SYSTEM?

	Completely Satisfied	Very Satisfied	Somewhat Satisfied	Not at all Satisfied
How much time it takes	☐	☐	☐	☐
How convenient it is	☐	☐	☐	☐
How easy it is to take insulin	☐	☐	☐	☐
How painful it is	☐	☐	☐	☐
Occurrence of skin infections	☐	☐	☐	☐
Occurrence of skin irritations/bruises	☐	☐	☐	☐
Embarrassment when using it	☐	☐	☐	☐
Embarrassment having it with you	☐	☐	☐	☐
How easy it is to learn to use it	☐	☐	☐	☐
How complicated it is to use	☐	☐	☐	☐
Difficulty in having all your supplies with you	☐	☐	☐	☐
Difficulty in taking all insulin prescribed	☐	☐	☐	☐
Difficulty in measuring insulin dosage accurately	☐	☐	☐	☐
Uncertainty about getting the amount of insulin intended	☐	☐	☐	☐
How much it costs to use it	☐	☐	☐	☐

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HOW MUCH DOES YOUR CURRENT INSULIN DELIVERY SYSTEM INTERFERE WITH THE FOLLOWING?

	A Lot	Some	A Little	Not at All
Wearing the clothes you want to	☐	☐	☐	☐
Getting a good night's sleep	☐	☐	☐	☐
Sleeping late when you want to	☐	☐	☐	☐
Eating late when you want to	☐	☐	☐	☐
Eating when you want	☐	☐	☐	☐
Eating what you want	☐	☐	☐	☐
Exercising when you want	☐	☐	☐	☐
Exercising as much as you want	☐	☐	☐	☐
Doing the type of exercise you want	☐	☐	☐	☐
Taking care of yourself when traveling	☐	☐	☐	☐

Does your current insulin delivery system require you to monitor your blood glucose more often than you would like?

☐ Yes, much more often ☐ Yes, somewhat more often ☐ No, not really

HOW GOOD IS YOUR CURRENT DELIVERY SYSTEM IN HELPING YOU WITH THE FOLLOWING?

	Excellent	Very Good	Good	Fair	Poor
Getting good blood glucose control	☐	☐	☐	☐	☐
Keeping your blood glucose stable	☐	☐	☐	☐	☐
Avoiding low blood glucose without extra snacks	☐	☐	☐	☐	☐
Avoiding low blood glucose at night	☐	☐	☐	☐	☐
Realizing when your blood glucose is going low	☐	☐	☐	☐	☐
Avoiding high blood glucose	☐	☐	☐	☐	☐
Avoiding doctor visits for poor control	☐	☐	☐	☐	☐
Avoiding hospital visits for poor control	☐	☐	☐	☐	☐
Avoiding weight gain	☐	☐	☐	☐	☐

HOW OFTEN DO YOU WORRY ABOUT THE FOLLOWING?

	All the Time	Frequently	Sometimes	Rarely	Never
Getting complications	☐	☐	☐	☐	☐
High blood glucose	☐	☐	☐	☐	☐
Low blood glucose	☐	☐	☐	☐	☐
Unpredictable blood glucose	☐	☐	☐	☐	☐
Being home alone	☐	☐	☐	☐	☐
Travel away from home	☐	☐	☐	☐	☐

HOW OFTEN ARE THE FOLLOWING TRUE FOR YOU?

	All the Time	Frequently	Sometimes	Rarely	Never
Friends/family worry about your blood glucose levels	☐	☐	☐	☐	☐
Friends/family worry about your getting complications	☐	☐	☐	☐	☐
Friends/family argue with you about how you take care of your diabetes	☐	☐	☐	☐	☐
Friends/family have to help you take care of your diabetes	☐	☐	☐	☐	☐
Your doctor does not think you take good care of your diabetes	☐	☐	☐	☐	☐
Your doctor and you do not get along	☐	☐	☐	☐	☐
You have to see your doctor often to get help with your diabetes care	☐	☐	☐	☐	☐

HOW OFTEN DO YOU HAVE THE FOLLOWING FEELINGS ABOUT YOURSELF AND YOUR LIFE?

	All the Time	Frequently	Sometimes	Rarely	Never
Energetic	☐	☐	☐	☐	☐
In a good mood	☐	☐	☐	☐	☐
In control of your body	☐	☐	☐	☐	☐
That your body looks good	☐	☐	☐	☐	☐
That you can do what you want	☐	☐	☐	☐	☐
That it is easy to forget about diabetes	☐	☐	☐	☐	☐
That your life is normal	☐	☐	☐	☐	☐
That life is easy	☐	☐	☐	☐	☐
Anxious	☐	☐	☐	☐	☐
Overwhelmed	☐	☐	☐	☐	☐
Stressed	☐	☐	☐	☐	☐
Burned out	☐	☐	☐	☐	☐
Self conscious	☐	☐	☐	☐	☐
That you have mood swings	☐	☐	☐	☐	☐
That diabetes limits you	☐	☐	☐	☐	☐

OVERALL, HOW SATISFIED ARE YOU WITH YOUR CURRENT INSULIN DELIVERY SYSTEM?

☐ Completely ☐ Very ☐ Somewhat ☐ Not at all

WOULD YOU LIKE TO SWITCH TO ANOTHER INSULIN DELIVERY SYSTEM?

☐ Definitely Yes ☐ Probably Yes ☐ Probably Not ☐ Definitely Not

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WOULD YOU RECOMMEND YOUR CURRENT INSULIN DELIVERY SYSTEM TO OTHERS?

☐ Definitely Yes ☐ Probably Yes ☐ Probably Not ☐ Definitely Not

THE FOLLOWING QUESTIONS REFER TO THE INSULIN DELIVERY SYSTEM YOU USED RIGHT BEFORE YOU SWITCHED TO YOUR CURRENT SYSTEM.

I previously used: ☐ Nothing ➔ Do not answer the next question
(Check all that apply) ☐ Vial and Syringe ☐ Insulin Pump ☐ Pen
☐ Needleless Injector ☐ Inhaled Insulin ☐ Other _____

HOW WOULD YOU COMPARE YOUR CURRENT INSULIN DELIVERY SYSTEM TO YOUR PREVIOUS SYSTEM?

☐ Current Much Better	☐ Current A Bit Better	☐ Both About The Same	☐ Previous A Bit Better	☐ Previous Much Better

DO YOU HAVE ANY COMMENTS YOU WOULD LIKE TO SHARE?