

Survey for patients with Type 1 Diabetes:

Our group is attempting to understand how diabetes patients use their current glucose monitoring system. If you are have type 1 diabetes please answer the following questions:

1. At what age were you diagnosed with diabetes? _____
2. Do you test your glucose levels yourself or do your parents or another adult do it for you? _____
3. If parents help with your glucose monitoring, please indicate which parent is most likely to assist or do both participate equally? _____
4. How often do you test for your glucose levels? _____
5. What type of glucose monitoring system do you use? _____

6. What features of your current glucose monitoring system are a plus?

7. What features of your current glucose monitoring system are a point of concern or pain? _____

8. If we could give you a glucose meter that used other body fluids, like tears instead of blood, would that be better for you and your parents?

9. If we could develop a non-painful, noninvasive glucose monitoring system that used tears to test for glucose levels without sacrificing accuracy, how likely would you be to switch to that type of glucose monitoring system? Please use a scale of 1 - 10 where 10 is most likely to switch and 1 is least likely. _____
10. If we could develop this new glucose monitoring system, what would it look like?

11. If we could develop this new glucose monitoring system, would you be more likely to independently test your glucose? Please use a scale of 1 - 10 where 10 is most likely to monitor independently and 1 is least likely. ____

Please provide the following demographic information:

What is your gender? ____ Male
 ____ Female

What is your age? ____ Under 18
 ____ 18 to 35
 ____ 36 to 55
 ____ 55 and older

What is your race? ____ White
 ____ Black or African American
 ____ Hispanic
 ____ Asian
 ____ Other

Please fax back to 813-435-2468 or email to spmaggiej@yahoo.com