Survey for patients with type 2 diabetes:

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

1. How long have you known that you have diabetes? _____
2. What type of diabetes do you have? _____
2. How do you control your diabetes (medicine, insulin and/or diet)? _____

   _____
3. What type and brand of glucose monitoring system do you use?

   _____
4. How do you use your current glucose monitoring system? _____

   _____
5. How often do you test for your glucose levels? _____
6. How often should you test your glucose levels according to your physician? _____
7. What features of your current glucose monitoring system are a plus? _____

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

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