

Assessing Willingness of Patients with Diabetes to Attend Pharmacist-Led Structured and Patient Specific Diabetes Self-Management Education

Supplemental 1

Survey created to collect information for the analysis of a needs assessment examining diabetes self-management education services need in an independent community pharmacy in Richmond, Virginia

Diabetes Self-Management Education Survey

Age (years) _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other, please specify _____		
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Other; please specify _____		
Highest Education Completed: <input type="checkbox"/> Completed High School <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> PhD, or Professional Doctorate <input type="checkbox"/> Completed Some College <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other; please specify _____		
Annual Household Income: _____		
Please answer the questions below by circling "Yes" or "No", or by writing in the answer to the question in the space provided.		
Have you been diagnosed with diabetes?	Yes	No
How long have you been diagnosed with diabetes (years)?	_____	
Do you use any medications that you need to inject under your skin?	Yes	No
Do you believe your diabetes is well – managed?	Yes	No
Do you believe you are a member of your diabetes management team?	Yes	No
Did you receive any formal diabetes education when you were first diagnosed with diabetes?	Yes	No
Have you joined any diabetes educational programs after initial diagnosis with diabetes?	Yes	No
Have you participated in or completed a DSME program?	Yes	No
Have you received formal diabetes education from a pharmacist?	Yes	No
Have you attended group educational sessions?	Yes	No
How many medications do you take for diabetes? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> unsure		
What is your A1C goal? _____ % <input type="checkbox"/> unsure		
What was your most recent A1C value? _____ % <input type="checkbox"/> unsure		
I feel hesitant about group sessions due to: <input type="checkbox"/> COVID-19 <input type="checkbox"/> privacy concerns <input type="checkbox"/> embarrassment <input type="checkbox"/> I do not feel hesitant <input type="checkbox"/> other		
If you answered "other" to the question above, please specify: _____		

Please answer the following questions using the scale below to indicate your level of agreement or disagreement with the written statement:

Note: any one-on-one or group meetings will follow the CDC guideline for sanitation and COVID-19 social distancing

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5				
I am satisfied with my current understanding of diabetes				1	2	3	4	5
I am interested in personalized diabetes education				1	2	3	4	5
I believe my pharmacists can help me reach my personal diabetes goals				1	2	3	4	5
I believe that having a pharmacist lead these sessions will be beneficial to my diabetes management.				1	2	3	4	5
I believe that pharmacists have the knowledge and capability of leading diabetes self-management education courses				1	2	3	4	5
I would be willing to attend one-on-one in-person meetings to discuss my personal diabetes goals with a pharmacist				1	2	3	4	5
I would be willing to attend one-on-one virtual (telehealth) meetings to discuss my personal diabetes goals with a pharmacist				1	2	3	4	5
I would be willing to attend in-person group sessions to learn more about diabetes and my health with a pharmacist				1	2	3	4	5
I would be willing to attend nine (9) in-person group sessions to learn more about diabetes and my health with a pharmacist				1	2	3	4	5
I would be more willing to attend diabetes education sessions with a pharmacist if recommended by my doctor who manages my diabetes				1	2	3	4	5

Please select the most appropriate answer

How much money do you think a one-on-one, 1-hour session with a pharmacist is worth?
 \$25 - 35 \$36 - 45 \$46-55 \$56-65 \$66-75 greater than \$75

Would you be willing to pay this price? Yes No
 If you selected "No", what is the maximum price you would be willing to pay for a one-on-one, 1 hour session with a pharmacist?
 \$25 - 35 \$36 - 45 \$46-55 \$56-65 \$66-75 greater than \$75

How much money do you think a group session led by a pharmacist would be worth?
 \$25 - 35 \$36 - 45 \$46-55 \$56-65 \$66-75 greater than \$75

Would you be willing to pay this price? Yes No
 If you selected "No", what is the maximum price you would be willing to pay for a group session led by a pharmacist?
 \$25 - 35 \$36 - 45 \$46-55 \$56-65 \$66-75 greater than \$75

I would be more willing to attend and complete the diabetes self-management educational program if my insurance covered all costs. Yes No