Spanish Diabetes Health Care Utilization

1. ¿Cuántas veces ha visitado al médico durante los últimos 6 meses?
   (Si estuvo en el hospital, no incluya estas visitas.) ............................................................. ________ veces

2. Cuántas veces visitó la sala de emergencia en los últimos 6 meses?
   (No incluya visitas a clínicas de atención inmediata.) ........................................................... ________ veces

3. ¿Cuántas noches en total estuvo hospitalizado, toda la noche, en los últimos 6 meses?
   ............................................................................................................................................... ________ noches

4. ¿Cuántas veces en los últimos 6 meses le examinaron los ojos?
   (ejemplo: por glaucoma o algún otro problema) ................................................................. ________ veces

5. ¿Cuántas veces en los últimos 6 meses, su médico o enfermera(o) le examinó sus pies?
   ............................................................................................................................................... ________ veces

Scoring
These are single items. We have found that we often have to follow up with telephone clarification for these items, no matter how they are written. We always do telephone clarification for people that have more than 1 MD visit per month and for all hospitalizations and ER visits. You will need to figure out how stringent you want to be in your own research. For example, do you want to count an ER visit that resulted in an in-patient admission? Do you want to distinguish between acute and SNF nights in hospital (patients often can't distinguish)? Do you want to clarify whether the physician visits include infusions, allergy shots, dialysis, or diagnostic tests?

Characteristics
Tested on 189 Spanish-speaking subjects with diabetes.

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Observed Range</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Internal Consistency Reliability</th>
<th>Test-Retest Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician visits</td>
<td>0-20</td>
<td>3.00</td>
<td>2.63</td>
<td>—</td>
<td>NA</td>
</tr>
<tr>
<td>Emergency dept visits</td>
<td>0-6</td>
<td>.380</td>
<td>1.01</td>
<td>—</td>
<td>NA</td>
</tr>
<tr>
<td>Nights hospitalized</td>
<td>0-30</td>
<td>.651</td>
<td>3.12</td>
<td>—</td>
<td>NA</td>
</tr>
<tr>
<td>Eye exams</td>
<td>0-5</td>
<td>.910</td>
<td>.797</td>
<td>—</td>
<td>NA</td>
</tr>
<tr>
<td>Foot exams</td>
<td>0-6</td>
<td>1.000</td>
<td>1.28</td>
<td>—</td>
<td>NA</td>
</tr>
</tbody>
</table>
Source of Psychometric Data

Comments
There is no gold standard - self-report is not perfect. Especially when one has many visits, there tends to be an under-reporting of visits. At the same time there are significant problems with both chart audits and electronic medical records. The article below discusses these and makes a strong case of the use of self-report, at least for community-based studies. These items available in Spanish.

References

This scale is free to use without permission

Self-Management Resource Center  
711 Colorado Avenue  
Palo Alto CA 94303  
(650) 242-8040  
smrc@selfmanagementresource.com  
www.selfmanagementresource.com