

Appendix 3: LMC Barriers to Care Tool
LMC Barriers To Care Tool

Patient name: _____

Date _____

Question	Yes	No
1. Do you have trouble getting to appointments with any of your: diabetes education centre, diabetes educator (dietitian or nurse), family doctor, or endocrinologist?		
2. Do you have any difficulty understanding the language spoken by your diabetes team?		
3. Do you feel your diabetes team understands your culture?		
4. Do you have other health problems that are more important to you than your diabetes?		
5. Do your family and friends support you and your diabetes?		
6. Do you feel comfortable contacting your diabetes team with questions?		
7. Is managing your diabetes harder because of your financial situation?		
8. Do you find it difficult to make changes to your lifestyle to help manage your diabetes?		
9. Do you keep having diabetes a secret from most people?		
10. Do you think that having diabetes will lead to other health problems or complications?		
11. Are you afraid of having a low blood sugar?		
12. Do you sometimes feel that having diabetes can be too much to handle?		
Answer the following questions on a scale of 1-10 (1=very little and 10=a lot)		
13. How confident are you that you could explain diabetes to someone else?		
14. How confident are you that you understand all the treatment options (medications and lifestyle) available for diabetes?		
15. How important is it to you to make health behavior (diet, exercise, and lifestyle) changes that will better control your blood sugars?		
16. How confident are you that you can make health behavior (diet, exercise, and lifestyle) changes that will better control your blood sugars?		