Market Assessment of Patient-Centric Approach in the Diabetic Market

Dissertation Submitted to

IIHMR UNIVERSITY

For the partial fulfilment of the award of the degree of Master of Business Administration (MBA)
In
Pharmaceutical Management
By

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Under the Supervision and Guidance of

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2023

Declaration by Student

I hereby declare that this dissertation titled **Market Assessment of Patient-Centric Approach in the Diabetic Market** is the Bonafede record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of othershas been duly acknowledged in the text.

Shivangi Mishra

08/05/2023

Certificate

This is to certify that Shivangi in partial fulfilment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur has successfully completed her/his internship at IIHMR University from March 01, 2023, to June 1, 2023.

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Date

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Certificate

This is to certify that the dissertation titled **Market Assessment of Patient-Centric Approach in the Diabetic Market** is a record of the research work undertaken by **Shivangi Mishra** in partial fulfilment of the requirements for the award of the degree of MBA in Pharmaceutical Management from the TIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Mr. Rahul Sharma
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Abstract

Objective: In economically and epidemiologically developed states like Delhi and Haryana, there is a high prevalence rate of diabetes because of excessive carbohydrate consumption. One of the biggest issues in combating diabetes is connecting suspected cases to early sickness assessment and treatment. But it's important to identify this illness as soon as you can. The primary objective of the suggested research is to enhance early detection and rapid diagnosis and diabetic care that emphasizes the needs of the patient, which would help to further increase morbidity and survival. The primary objective is to:

1) To access the patient-centric choices in the diabetes market.
2) To understand the patient's perspective in accordance with the diabetes approach.

Research Methodology: According to the survey, diabetes affects one in every eleven Indians. Over 50% of these people go unnoticed, which is a problem. Because half of the persons who have this issue are aware of it but did not obtain the appropriate care, they are also impacted by linked illnesses. The review paper will discuss the patient-centric approach, its therapeutic strategy, and the causes of such undetected disorders.

Results and Discussions: They were diagnosed with diabetes, but they were still dealing with the consequences of other illnesses. As a result, in order to treat this illness, we must adopt a patient-centric approach where each individual should have a different priority list based on their state of health. Instead of only taking a course of medication, it's imperative to create a schedule for healthy living to solve this issue. The study found that people manage their diabetes by adhering to a routine for a long time without seeking medical help. This must change. A proper diagnosis, frequent testing, a healthy diet, regular exercise, and the appropriate medication dosage in relation to blood glucose levels must be followed in order to identify the underlying cause.

Conclusion: The exchange of thoughts should include patients and their families, and it is important to respect and cherish their ideas. More than just a therapy session, this can give the worried person helpful information and precise directions on how to appropriately tackle this issue. Studies show that this approach can help protect against conditions that develop after and are linked to diabetes. Additionally, early detection might minimize the severity of the condition or temporarily put off its onset in people who are at risk.

As a result, the healthcare industry is moving towards a patient-centric strategy in which not only the illness but also the cause is treated with a far more customized approach, committed to an individual person.

Acknowledgements:

It is my genuine pleasure to express my deep sense of thanks and gratitude to my mentor, my teacher Mr **Rahul Sharma**, Assistant Professor, School of pharmaceutical management IIHMR University Jaipur. His dedication and keen interest above all his overwhelming attitude to help his students had been solely and mainly responsible for completing my work. His advice, meticulous scrutiny, and scholarly advice have helped me to a very great extent to accomplish thistask.

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ABBREVIATIONS	MEANING
(WHO)	World Health Organization
(MDG)	Millennium Development Goal
(NPCDCS)	National Program for Control of Diabetes, Cancer, and Stroke
(NCBI)	National Center for Biotechnology Information
W.R. T	With respect to

Chapter 1- Introduction

In order to highlight the growing burden of chronic diseases in the post-Millennium Development Goal (MDG) agenda, the World Health Organization (WHO) added non-communicable diseases, namely diabetes and hypertension, as mortality indicators in the global reference list 2020 of 100 core health indicators. To address the growing burden of diabetes and to create a framework for the delivery of appropriate healthcare to population groups that is evidence-based, comprehensive, measurable, and patient-centered, a continuum-of-care strategy is needed. In India. 100 districts and 33 cities have adopted the National Initiative for Control of Diabetes, Cancer, and Stroke (NPCDCS), which comprises a free mass screening initiative for adults to check for diabetes and hypertension despite the excellent screening results, the sickness rate is still alarming.

Devices and equipment are now easier to use and more effective than ever. Patients' voices are heard and valued as important health resources because of the rise of patient-centric healthcare. Health organizations have discovered an operational strategy that supports the high standard of healthcare that each person deserves.

In the life science and healthcare sectors, patient centricity is no longer a choice. Stakeholders throughout the healthcare delivery spectrum have discarded the outdated operational model and reoriented their organizations to support the new patient-centric strategy to stay up to date.

It has kind of turned into a term for many organizations—sound and fury but with little real meaning. They have overlooked the factor that has helped it gain popularity as a healthcare model in their haste to adapt to the times. They have therefore been unable to fully accept everything it entails.

One in eleven Indian adults has diabetes, according to a poll. By 2040 (1), there will be more instances of diabetes than there are now. Nearly half of these people are still undiscovered. Affected by other illnesses that are related because half of those who have this ailment are aware of it but never received the correct care. This is a result of a lack of diabetesawareness in the general population and an inadequate patient-centered approach to diabetic care.

Due to excessive carbohydrate consumption, there is a high incidence rate of diabetes in economically and epidemiologically developed states like Delhi and Haryana. Linking suspected instances to early illness assessment and treatment is one of the main problems withtackling diabetes. However, it is crucial to catch this disease as soon as possible.

Improving early detection and quick diagnosis is the main goal of the suggested research. and diabetes treatment with a patient-centred approach that would help to further improve morbidity and survival.

The major objective is to:

3) To access the patient-centric choices in the diabetes market.
4) To understand the patient’s perspective in accordance with the diabetes approach.
5) To comprehend the patient’s physiological aspects w.r.t to diabetes care

Background:

A collection of issues together known as diabetes mellitus affects your body's capacity to utilize glucose (blood sugar). Because glucose is essential for health and a great source of energy for the cells that develop muscles. It serves as the brain's main source of energy. Diabetes has a wide range of underlying causes. Diabetes can still result in elevated blood sugar levels, regardless of type. An excessive blood sugar level may result in serious health issues.

Diabetes, whether type 1 or type 2, is a chronic condition. Both gestational diabetes and prediabetes are treatable conditions. You are said to have prediabetes if your blood sugar level is greater than normal but not high enough to be diagnosed as diabetes. Diabetes will probably occur in this situation with a very high probability. Prediabetes frequently progresses to diabetes unless the appropriate steps are taken to stop the process. Diabetes can be delayed by changing your diet, becoming active, and using non-pharmacological treatments. Gestational diabetes, on the other hand, manifests throughout pregnancy but may go away after delivery.

India has the second-highest proportion of diabetes worldwide. According to one projection, over 70 million Indians would have diabetes in 2021, and over 124 million will by 2045. Nearly 90% of instances of diabetes in India are type 2 diabetes. (2)

A "patient-centered" strategy makes sure that therapy is customized to each patient's particular demands because every diabetic patient has different needs. In other words, patient-centred treatment is a strategy focused on the patient's own objectives, top priorities, and relationship to the disease. These findings support the development of patient-specific management plans, an essential step for those with chronic, progressive illnesses like type 2 diabetes. This strategy aids in both the problem's treatment and the enhancement of the patient's health literacy. Helping patients better comprehend, analyze, and treat illnesses so they do not go out of control is the goal rather than just doling out pills.

Chapter 2- Review of Literature

We require customized blood glucose goals as well as hypoglycemic medications. Any treatment programme for type 2 diabetes must begin with a focus on nutrition, activity, and education. To reduce side effects, combination treatment might be utilized to treat patients with 1-2 additional oral or injectable drugs. Every treatment choice should, if at all feasible, be chosen with the patient in mind, with specific consideration for their preferences, needs, and values. The NCBI report states that lowering overall cardiovascular risk should be one of the key therapeutic goals. (3)

A people-focused strategy is advised by both the American Diabetes Association and the European Diabetes Research Association to boost patient engagement in self-care activities. Patient arousal, diabetes awareness, and slight improvements in clinical outcomes are all linked to person-centered diabetic care. Nevertheless, it is unlikely that patient outcomes will quickly increase greatly because of people-centered care; rather, this is more of an established practice. To accomplish this goal, diabetes patients need to be motivated, skilled, and confident in their ability to manage their condition. These requirements are met by the idea of "patient activation". (4)

According to a report by Pharmaphorum, the patient-centered concept is anticipated to gain traction over the next few years across all facets of the life science sector, including non-traditional ones like early drug development and regulatory approval. In many patient-centered fields, clear authorization is necessary, and each field has a special and significant function. In addition to using big data, it's essential to make sure that these techniques listen to the patient's voice and act accordingly.

Interacting with actual patients and learning about their individual experiences has inherent value. Patients typically have a deep understanding of their health anda unique viewpoint on how it affects both their everyday lives and that of people around them.This attentive listening to patients also prevents the pitfall of treating patient groups as being the same, which can occur even after identifying and classifying ever-smaller subgroups. (5)

When compared to standard type 2 diabetes care, the effects of six years of structured self-care were examined by Diabetes Care in General Practice. Goals are set and monitored throughout every three-month appointment with the patient. Indications, reviews, clinical guidelines, and ongoing medical education at the doctor comprise a patient's unique treatment plan. Low illness and a lower risk of all-cause mortality were the results of the patient-centric approach. any endpoint associated with diabetes, including diabetes-related death. (6)

Patients' expectations of the quality of their care, population growth, new legislation, technological advancements, reimbursement models, better patient treatment outcomes, and cost-effectiveness are driving the global market for patient-centered healthcare, which is now the talk of the town. While the average life expectancy also continues to rise, the prevalence of chronic diseases continues to rise. Additionally, patient empowerment and enablement foster the expansion of the global market for patient-centered healthcare.

According to a study undertaken by the transparency group, patient-centric care will therefore be the future face of the healthcare business to cater to everyone in this constantly growing population. (7)

There are numerous difficulties in identifying and treating diabetes in young people. Type 2 diabetes is becoming more widespread among young people, especially in certain ethnic groups, even though type 1 diabetes is more common in children and adolescents. To confirm the diagnosis, though, imaging and laboratory investigations are necessary. Due to age-specific issues and the more aggressive nature of the disease, managing diabetes in kids and teenagers can occasionally be difficult.

However, effective doctor-patient communication and a patient-centered strategy that focuses on reducing all risk factors will help patients achieve the highest level of diabetes control and prevent or delay the long-term effects of diabetes. Dr. V. Mohan asserts this in a study report that was recently published. (8)

Adults with and without diabetes are more likely to experience hyperglycemia, which is linked to significant increases in morbidity, mortality, and medical expenses. Insulin therapy is recommended by professional bodies as the cornerstone of medication management. The preferred form of treatment in the intensive care unit is intravenous insulin therapy. Several insulin regimens may be beneficial for patients with hyperglycemia in non-intensive care settings, however, a meta-analysis examining the effectiveness of these regimens came up empty. The Indian Journal of Diabetes and Endocrinology states that in addition to offering patients a variety of drugs, good results require a patient-centered strategy. (9)

Medicines are necessary for people with T2DM to establish glycemic control over the long term, even though lifestyle adjustments, including diet changes and greater activity, can greatly improve glycemic control. The goal of this chapter is to provide healthcare professionals with a summary of the current pharmacological options available for treating T2DM patients orally and intravenously (non-insulin). Additionally, the injection can be utilized to provide glucagon in the form of amylin or peptide I (GLP-J) receiver agonists. Drugs from different pharmacological classes may be used alone (monotherapy) or in combination with two or more other drugs from different classes and with different mechanisms of action. This article covered the use of glucose-lowering drugs, their mechanism of action, their impact on glycemic management, as well as additional benefits, drawbacks, and contraindications. (10)

Chapter 3- Research Methodology

The excessive consumption of carbohydrates in states like Delhi and Haryana has led to ahigh prevalence rate of diabetes that is both economically and epidemiologically advanced. Linking suspected instances to early illness assessment and treatment is one of the biggest weaknesses in diabetes management. Yet it's crucial to catch this issue as soon as possible. A "patient-centric" approach guarantees that therapy is adapted to each patient's particular demands because every diabetic patient has different needs. In other words, patient-centered care focuses on the patient's objectives, top priorities, and relationship to the disease. These findings support the development of patient-specific management plans, an essential step for those with chronic, progressive illnesses like type 2 diabetes. This strategy aids in both the problem's treatment and the enhancement of the patient's health literacy. Giving out medicine bottles is not the goal; rather, it is to assist patients in better comprehending, analyzing, and managing their illnesses so they do not become out of control.

Research Question:
The survey found that 1 in 11 persons in India have diabetes. The issue is that over 50% of these folks go unnoticed(11). Affected by other ailments that are related because half of those whohave this problem are aware of it but never received the right care. Understanding the patient-centric approach, its therapeutic approach, and the reasons for such undiagnosed illnesses will all be covered in the review article.

Objective:
1) To access the patient-centric therapy choices in the diabetes market.
2) To understand the patient’s perspective in accordance with the diabetes approach.
3) To comprehend the patient’s physiological aspects w.r.t to diabetes care.

Study Design: Descriptive Type

Setting: PAN India

Study Population: People having diabetes and pre-diabetes conditions.

Study Tool: The researcher administered a semi-structured questionnaire.

Sampling Technique: Convenient Sampling

Sample size: 30 diabetes and 30 prediabetes

Chapter-4 Results and Discussions

FOR NON-DIABETES

1. Is there a family history of diabetes?
(A) Yes
(B) No

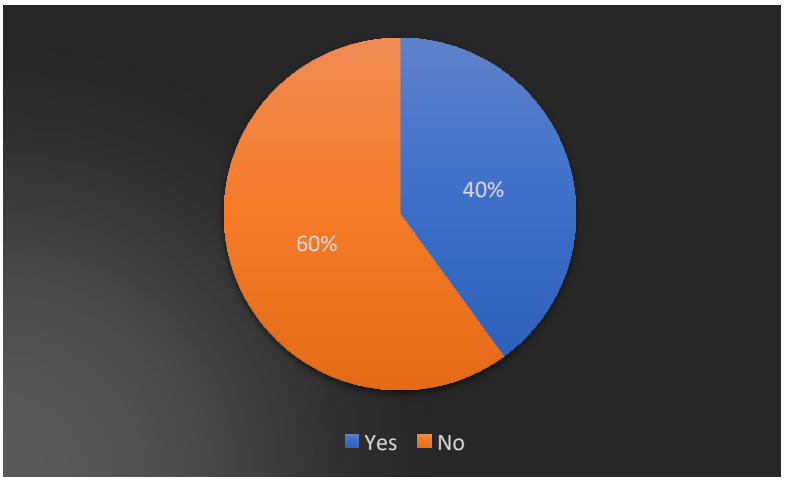

Fig 1: Family History of Diabetes (n=30)

60% of the participants had no history of the illness in their families, compared to 40% who did.

2. Do you have a diabetes tendency?
(A)Yes
(B) No
(C) Don't Know

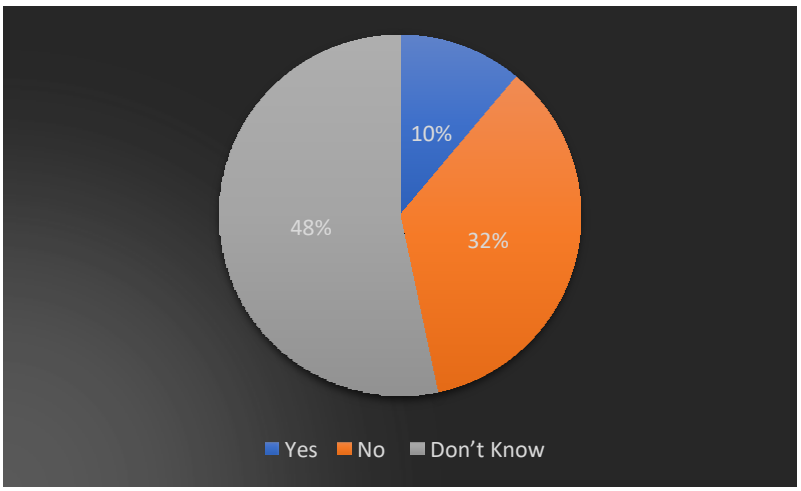

Fig 2: Diabetes Tendency (n=30)

32% believe they are not capable and 10% believe they are, 48% are uninformed of the tendency or potential of the disease on them.

3. Do you test your blood sugar levels (HbAlc test) regularly?
(A) Yes
(B) No

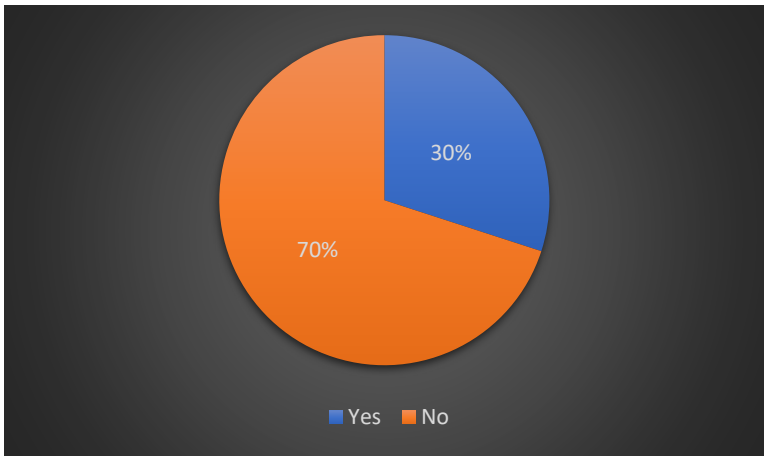

Fig 3: Blood sugar level (n=30)

25% of patients monitor their HbA1c readings, compared to 75% who do not feel the need to.

4. If yes, how often?
(A) Once in month
(B) Once in three months
(C) Once in six months
(D) Once in a year

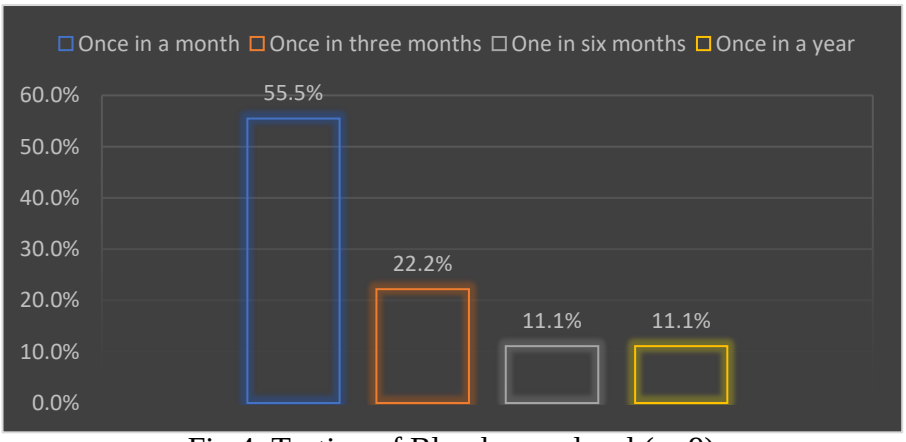

Fig 4: Testing of Blood sugar level (n=9)

55.5% of them check once a month, compared to 22.2% who do so once in three months, 11.1% who do it once in six months, and 11.1% who do so once in a year.

5. Do you have any health programs or diet to save you from diabetes in future?

(A) Yes
(B) No

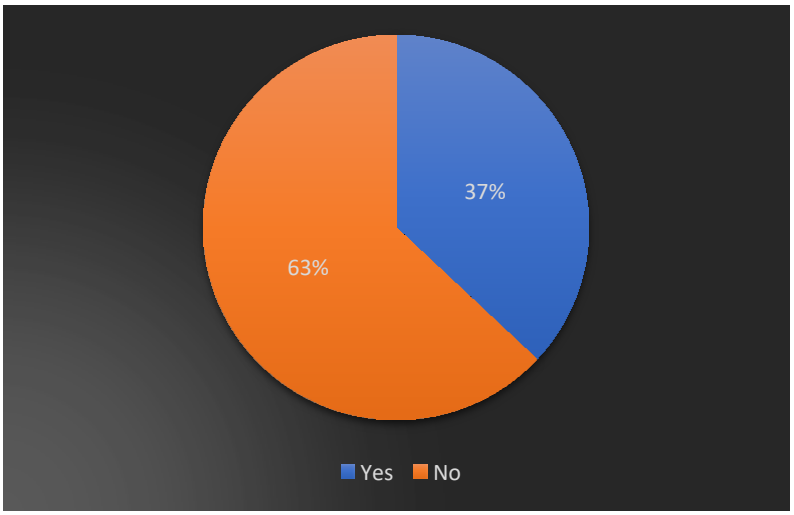

Fig 5: Healthcare Programs (n=30)

37% of the sample size feel the need to focus on their diet to prevent future diabetic disorders, compared to 63% who do not feel the need for any dietary restrictions or healthcare requirements.

6. Do you take any medication to save you from diabetes in future?
(A) Yes
(B) No

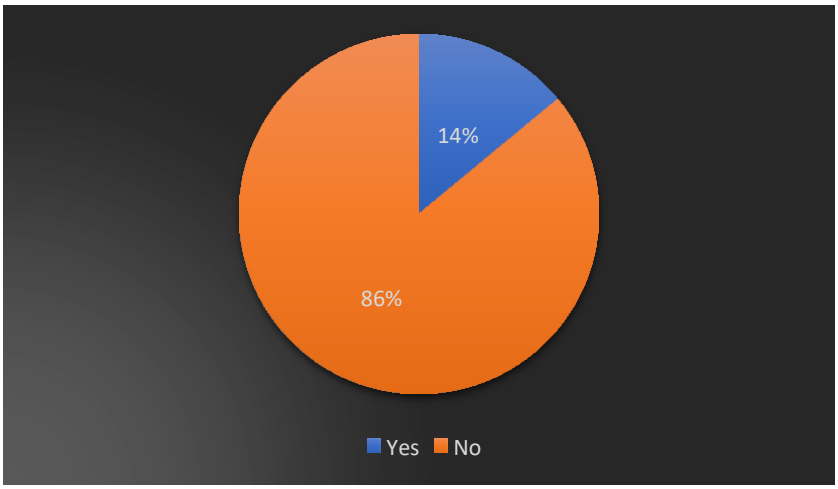

Fig 6: Precautions for anti-diabetic drugs (n=30)

To prevent developing diabetes in the future, 86% of them use drugs or vitamins, while 14% don't do anything.

7. Have you had any awareness programs regarding diabetes diseases before?
(A) Yes
(B) No

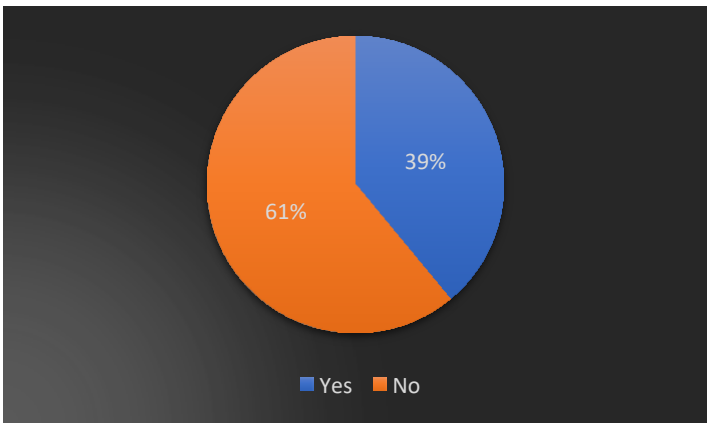

Fig 7: Awareness Program (n=30)

61% of the entire sample population did not participate in any of these initiatives, compared to 39% who were a part of an awareness project.

8. Patients with family history of diabetes, they're prone to diabetes. How does this make you feel?
(A) Afraid
(B) Confused
(C) Depressed
(D) Sad
(E) Upset
(F) None of the above

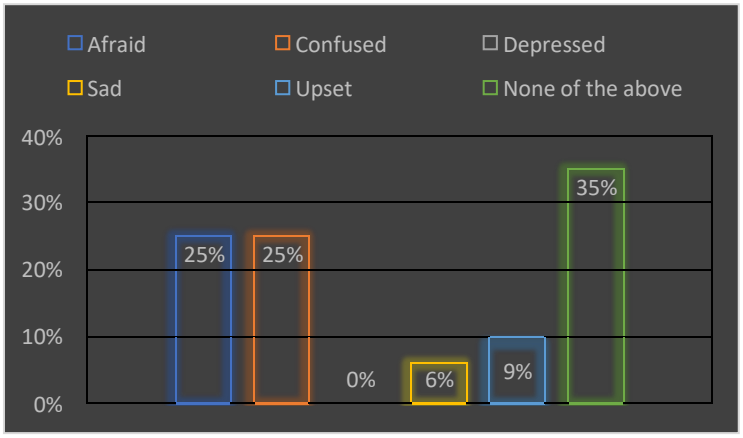

Fig 8: Emotion Parameter of a Patient(n=30)

The fact that 35% of patients don't see it as an issue contrast with 25% of them feeling extremely scared and perplexed about the entire diabetic market, 9% feeling angry about it, 6% feeling very sad when discussing diabetes with them, and none feeling depressed about it.

FOR DIABETES

1. Is there a family history of diabetes?
(A) Yes
(B) No

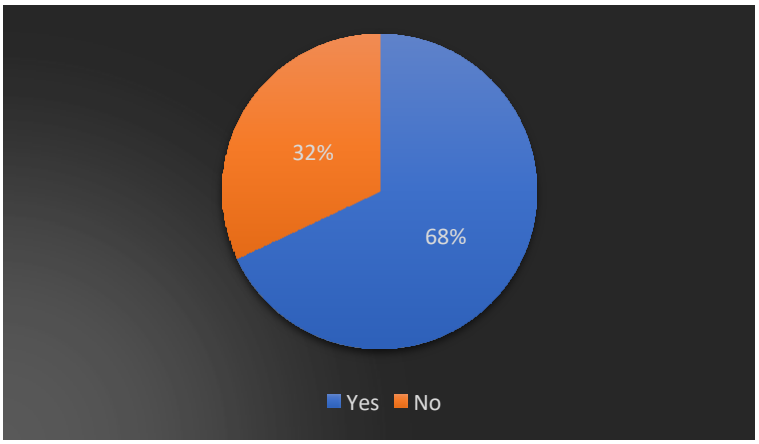

Fig 9: Family History of Diabetes (n=30)

32% of people did not have diabetes in their family history, compared to 68% who did.

2. How often do you check your HbA1c test (blood sugar levels)?
(A) Once in month- Frequently
(B) Once every six months- Occasionally
(C) Once a year- Rarely
(D) Mostly never- Very rarely

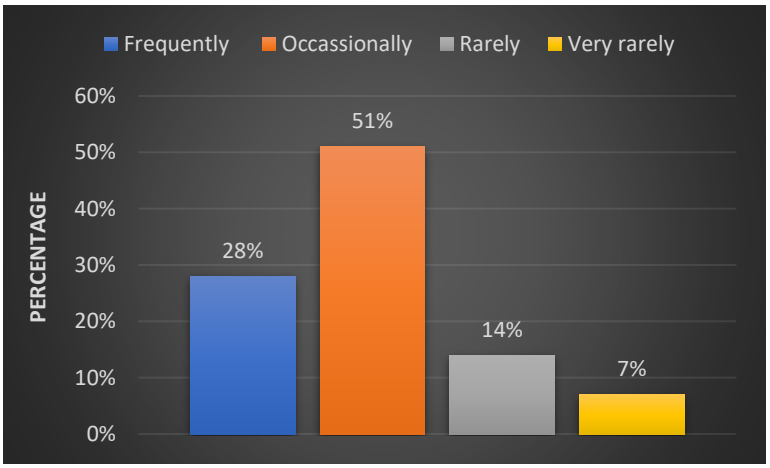

Fig 10: Testing of blood sugar level(n=30)

51% of them occasionally check their HbA1c levels, compared to 28% who do so frequently, followed by 14% who do so infrequently, and 7% who do it very seldom.

3. What is the range of the patient's HbA1c test?

(A) Less than 6.5%
(B) 6.5% to 9%
(C) More than 9%

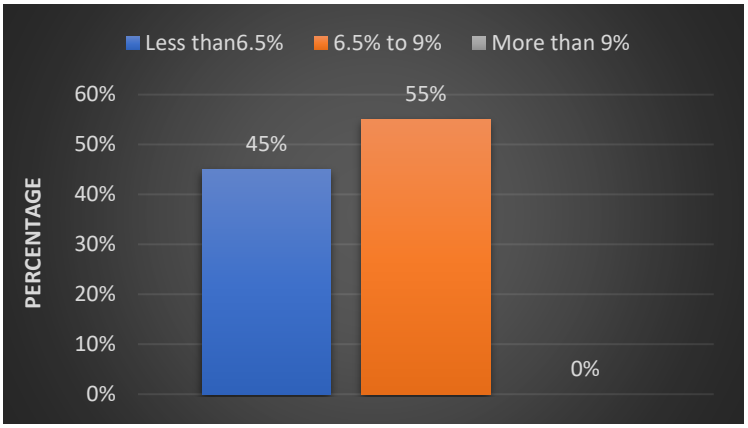

Fig 11: Range of Patients' HbA1c level (n=30)

When it comes to diabetic people, the HbA1c ranges between 3.5 and 4.0 mmol/L for 45% and 5 to 7 mmol/L for 55% of them.

4. Do you have any other health problems related to this?
(A) Yes, please specify
(B) No

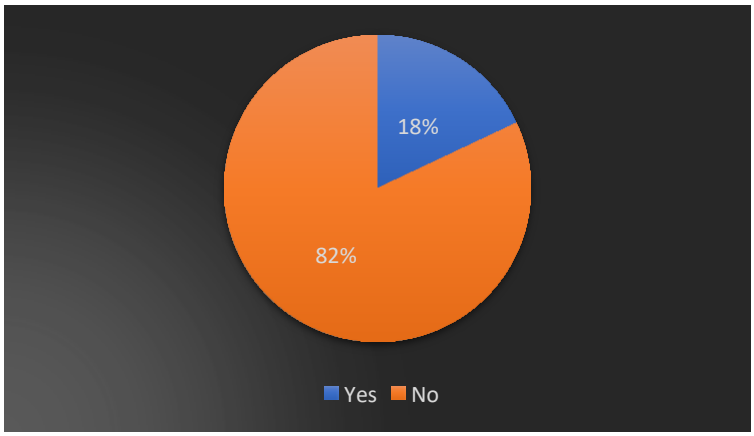

Fig 12: Health Problems (n=30)

The percentage of people without any health issues is 18%, whereas the percentage of people with health issues other than diabetes is 82%.

5. Do you take pills for your diabetes?
(A) Yes
(B) No

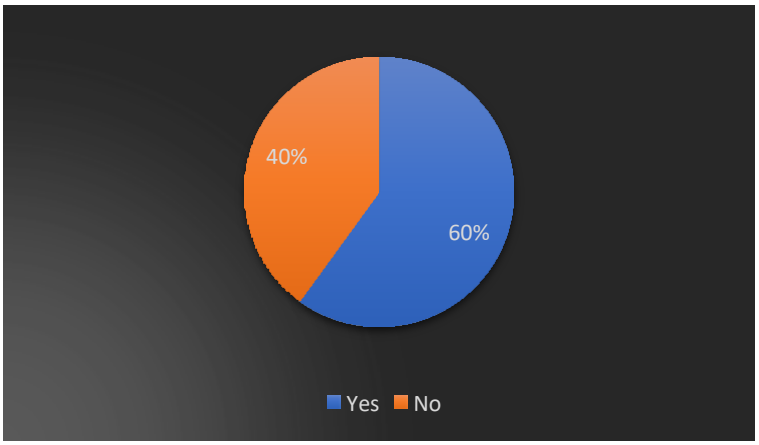

Fig 13: Medication used(n=30)

60% of them rely on medicines for their treatment, compared to 40% who don't take any.

6. Do you take insulin?

(A) Yes
(B) No

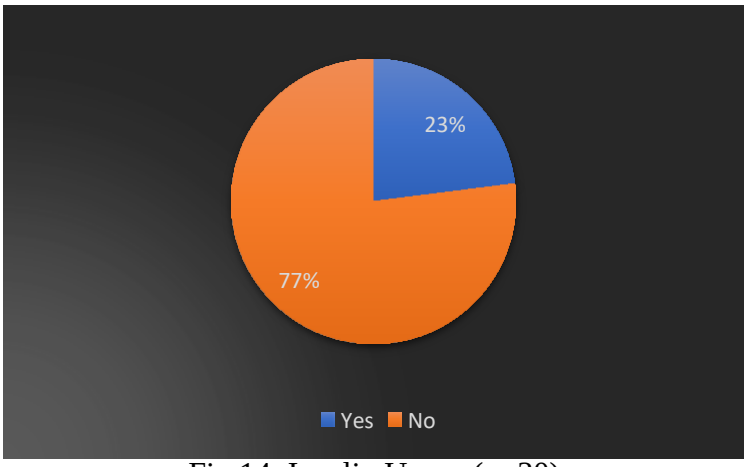

Fig 14: Insulin Usage (n=30)

77% of patients use insulin to treat their diabetes, compared to 23% who do not.

7. If yes, I inject myself by:
(A) Syringe, dose, time taken:
(B) Insulin pen, time taken:

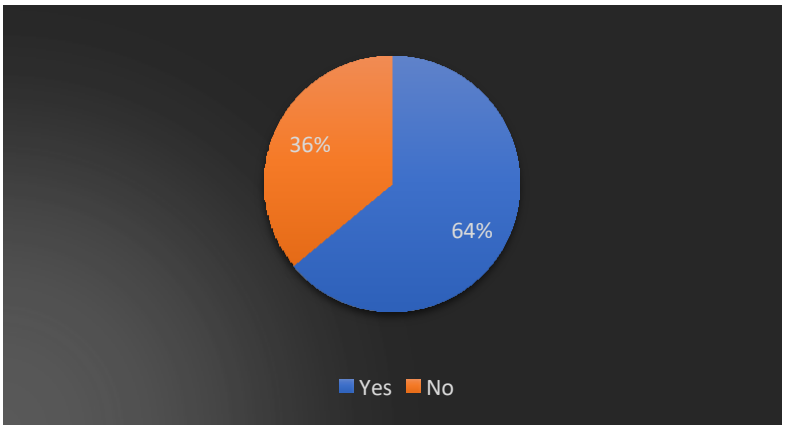

Fig 15: Device use (n=30)

For administering insulin dosage, most patients utilize insulin pens, while 36% use syringes.

8. How often do you see a doctor?
(A) Once in three months
(B) Once every six months
(C) Once in a year
(D) Very rarely

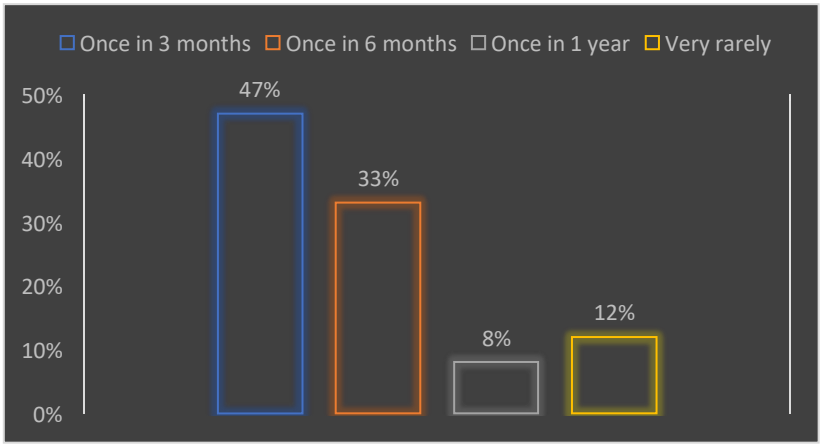

Fig 16: Doctor visit (n=30)

A doctor is seen by 47% of patients every three months, 33% of patients every six months, 8% of patients once a year, and 12% rarely choose to visit a doctor.

9. Having diabetes makes me:
(A) Afraid
(B) Confused
(C) Depressed
(D)) Sad
(E) Upset
(F) I'm ok with it.

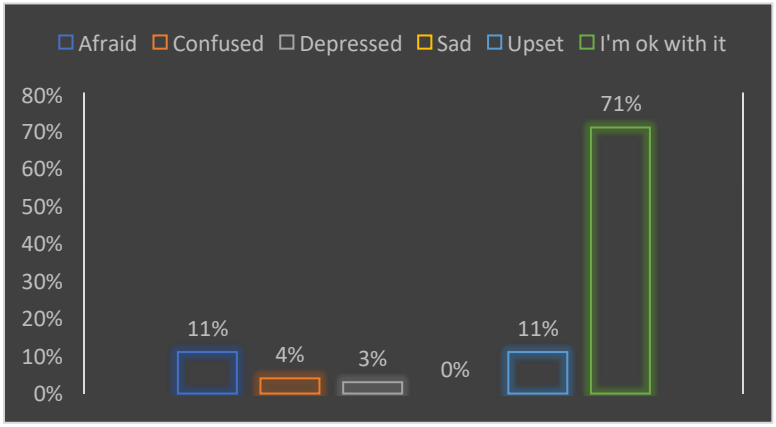

Fig 17: Emotion Parameter (n=30)

71% of patients can adjust to their diabetic issue, compared to 11% who are upset or terrified of it. 4% of patients are simply ambiguous by nature, and 3% are melancholy about the entire treatment situation; none of them feel sad about the same thing.

Chapter-5 Discussion

We cannot avoid diabetes, but we may postpone it from developing to some extent once it does.But most people do not take it seriously, which causes additional serious health issuesto arise. The primary factor that contributed to this terrible catastrophe was ignorance. One must understand their health situation well to manage diabetes. The causes of this illnessare several. As a result, prior to therapy, it is important to assess and comprehend the condition.Even though there are various causes for diabetes, therefore mentioned findings make it evidentthat either bad lifestyle choices or inherited factors are the major causes of the disease. Therefore, before beginning the treatment line, it is extremely important to identify the root cause. To delay the onset of diabetic disease until a later stage, it is crucial to have an early detection process. An HbA1c test should be administered periodically, ideally once every six months, to those who have a family history of diabetes so they may take the appropriate steps to delay the illness. Diabetes demands a patient-centric strategy in addition to fundamental treatment recommendations. Treatment strategies must vary depending on the core reason ineach case.

People who are predisposed to or at risk of developing this ailment should receive a preliminary exam to see how much they might be impacted. If they discover that the likelihood is high, they can do follow-up HbA1c tests on a regular basis, chart a healthy food routine, and take appropriate drugs to treat the disease.

To partially normalize their blood sugar levels, diabetics should religiously follow their treatment plan. If this is not done, it may lead to more severe health problems such as inherited diabetes, hearing loss, diabetic neuropathy, diabetic nephropathy, diabetic retinopathy, diabetic foot syndrome, and other ailments. According to our survey, most of the patients had been suffering from this ailment for more than five years. Despite having diabetes at the time of their diagnosis, they continued to experience the effects of connected illnesses. Therefore, to cure this illness, we need to adopt a patient-centric strategy in which each person should receive a separate priority list based on their levelof health. To cure this problem, it's crucial to establish a healthy living schedule rather than just a course of medication. According to the study, people treat their diabetes by sticking to aregimen over an extended period without seeking medical advice. This must alter.To find the underlying reason, a correct diagnosis, frequent testing, a healthy diet, regular exercise, and the right drug dose in relation to blood glucose levels must be followed. (11)

The individual dealing with this ailment must be aware of his health situation and know how to manage it. The importance of treating diabetes with a patient-centered approach must thus be made clear to the public.

Chapter-6 Conclusion

The healthcare sector is now dealing with significant issues daily. Therefore, adopting contemporary strategies to reduce the burdens of newly emerging diseases is crucial for our contemporary world. Since the population is growing quickly, it is quite difficultto provide everyone with appropriate care. Therefore, changing our therapy pattern is crucial if we want to make things easier and deliver high-quality healthcare services. The goal of thisstudy is to comprehend the reach and need for a patient-centric strategy in the diabetes market segment. Patient-Centricity will be the new marketing model in the healthcare sector in the next years. Lifestyle illnesses, particularly diabetes, which we highlighted in this study, are hitting us hard with a high death rate all around the world as our way of life changes to a different paradigm.

Most diabetic patients are on anti-diabetic medications and if not treated well had to switch to syringes or insulin pens as prescribed by the doctors with regular check-ups on most of the patients. As we concluded from our research and surveys that how a patient feels about the expanding diabetic market as mentioned 1 out of 11 patients are already diagnosed with diabetes, which creates a daunt in them and according to the surveys leads to emotional imbalance as well.

In general, we have long followed a proven approach to managing diabetes. However, the results of this study and several other earlier studies indicate that because every person has a unique way of life, it is not appropriate for everyone to follow a generalized plan to treat diabetes because doing so might occasionally result in serious difficulties down the road. (12)

However, it is first important to raise awareness among the public by helping them comprehend the seriousness of diabetes and other conditions that are associated to it to prevent people from refusing to receive the appropriate care for this disease. Delaying a diabetes diagnosis might eventually result in tragic circumstances, even death. Therefore, this problemmay always be managed until a more advanced stage of life with an early diagnosis. The fact that diabetes is not as terrible as some people think it is, nor is it as dumb as to ignore, needs to be understood by diabetics. Proper treatment and follow-ups can always ease this conditionif done properly. But following a universally accepted treatment is not the way to cure this. Asthis is a lifestyle disease, we need to focus much more on to our lifestyle while curing this condition. As a result, a patient-centric strategy must be used, where the patient must understand the underlying factors that led to his disease and the doctor must provide the patientthe right prescription with the fewest side effects. (13) Testing and follow-ups must be performed on a regular basis. The diabetic individual must incorporate more beneficial meals and activities into his daily regimen. Physical comfort and emotional well-being should be the toppriorities and principles to be considered while following a patient-centric approach. The mission and goal of the treatment should be in alignment with patient goals. A transparent andquick delivery model should also be used. Patients and families should be included in the discussion and their opinions should be respected and valued. This can provide the concernedindividual with useful knowledge and clear instructions on how to correctly handle this problem, more than just a therapy session. According to studies, this strategy can also shield a person from other diseases that are associated with and follow diabetes.

Additionally, early identification might temporarily postpone the illness in those who are at risk of developing stage or can lessen the severity.
In conclusion, the healthcare sector is shifting towards a patient-centric strategy were not only the sickness but also the reason is treated with a much more tailored approach, dedicated to

every person. (14)

LIMITATION OF STUDY

- There is a chance that the replies provided by the respondents may be biased.
- The analysis uses actual data, not projections.
- There was a limited amount of time which affected the accuracy.

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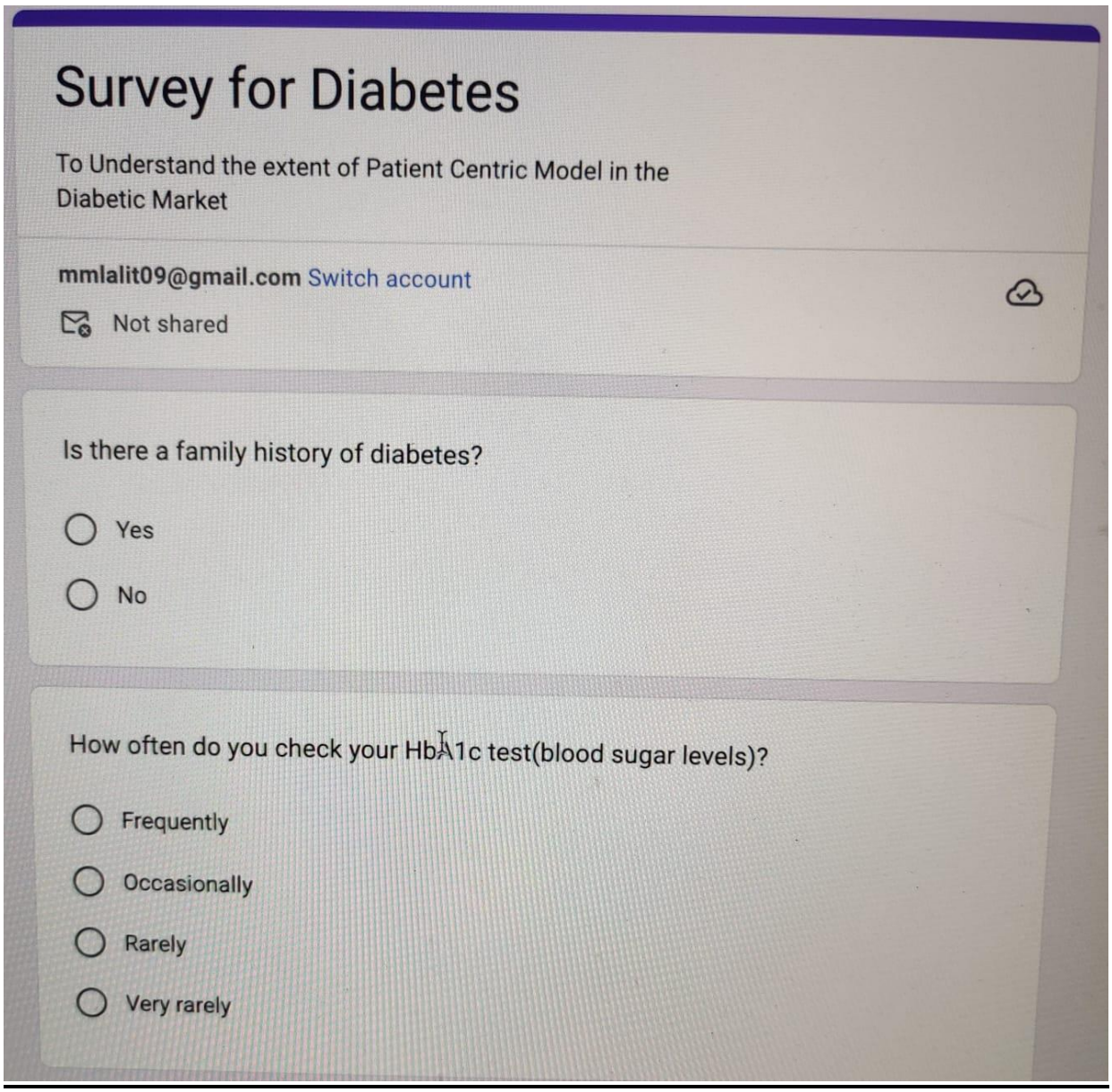
ANNEXURE 1



Survey for Diabetes

To Understand the extent of Patient Centric Model in the Diabetic Market

mmlalit09@gmail.com Switch account

Not shared

Is there a family history of diabetes?

- Yes
- No

How often do you check your HbA1c test(blood sugar levels)?

- Frequently
- Occasionally
- Rarely
- Very rarely

What is the range of your HbA1c test?

- ◯ Less than 6.5%
- ◯ 6.5% to 9%
- ◯ More than 9%

Do you have any other health problems related to this?

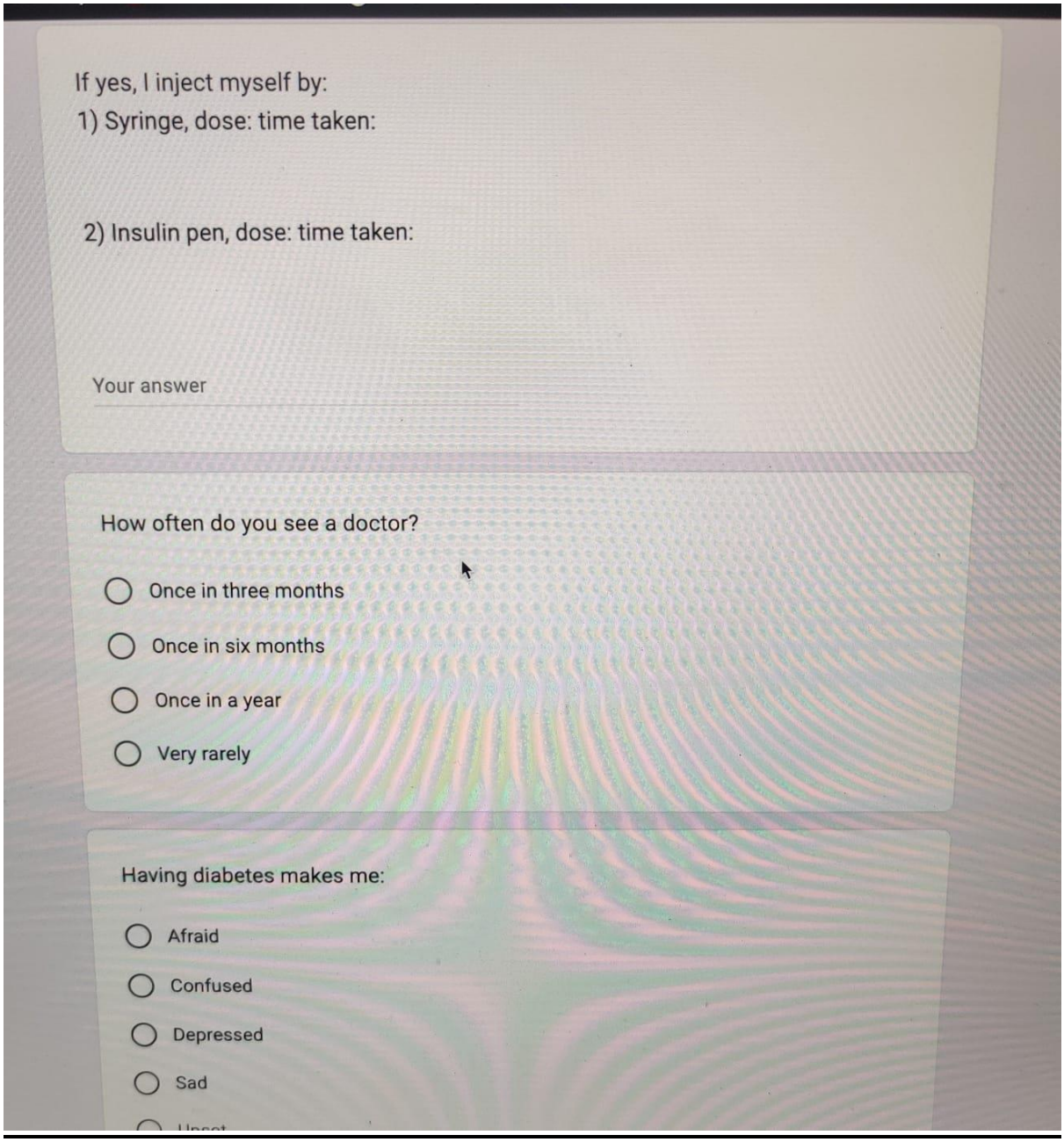
- ◯ Yes
- ◯ No

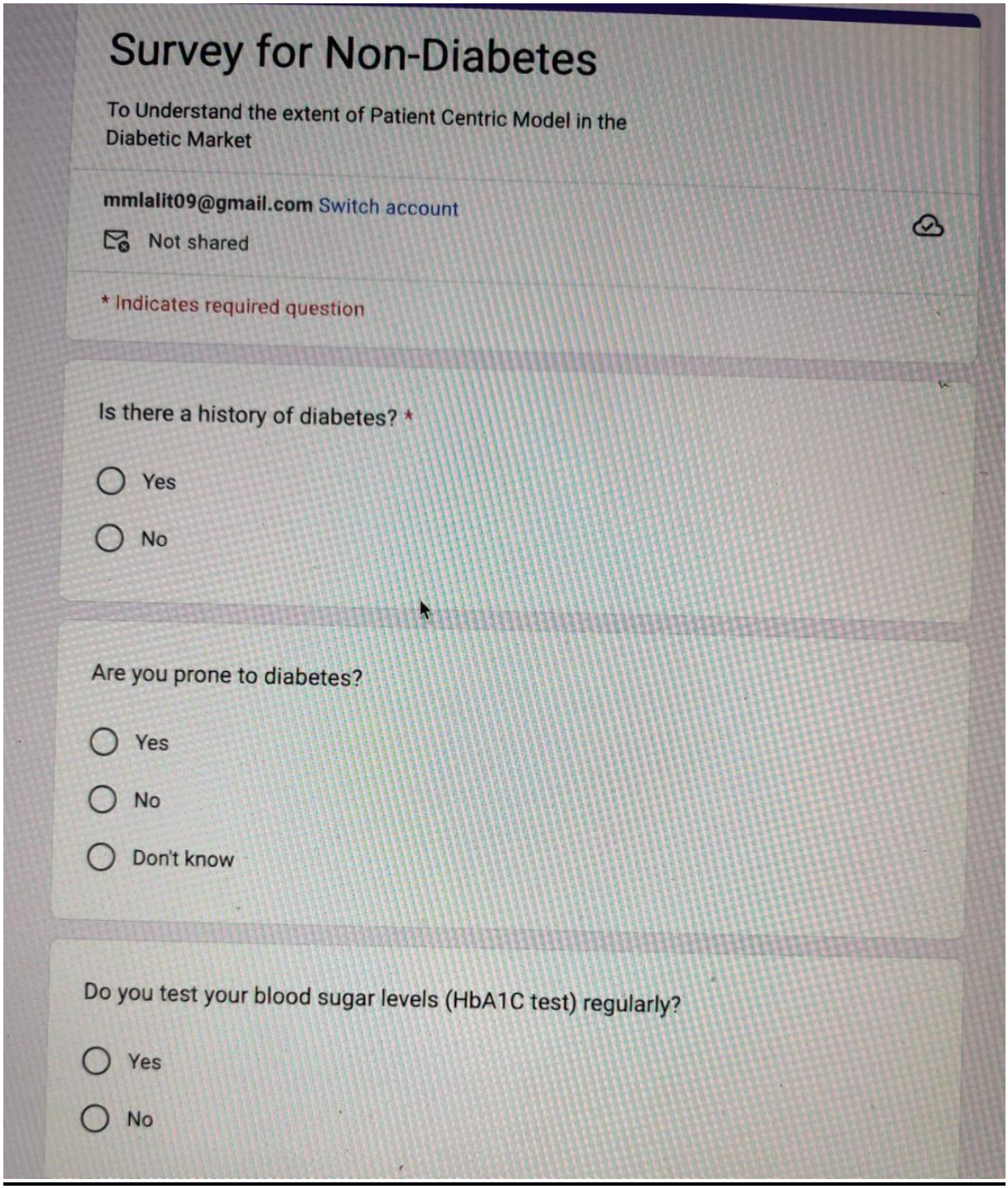
Do you take pills for your diabetes?

- ◯ Yes
- ◯ No

Do you take Insulin?

- ◯ Yes
- ◯ No


If yes, I inject myself by:
1) Syringe, dose: time taken:
2) Insulin pen, dose: time taken:
Your answer
How often do you see a doctor?
Once in three months
Once in six months
Once in a year
Very rarely
Having diabetes makes me:
Afraid
Confused
Depressed
Sad



Survey for Non-Diabetes

To Understand the extent of Patient Centric Model in the Diabetic Market

mmlalit09@gmail.com Switch account

Not shared

* Indicates required question

Is there a history of diabetes? *

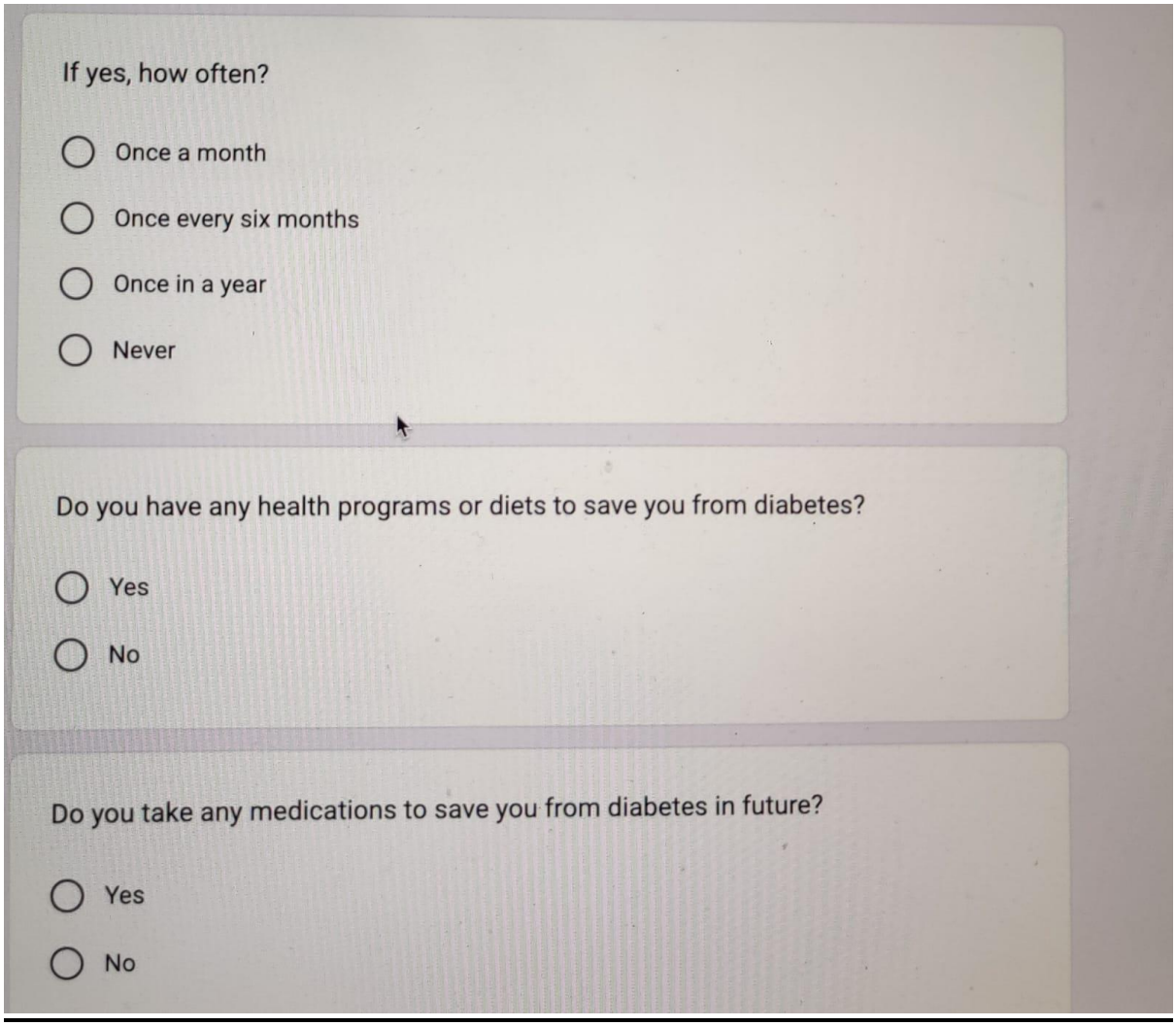
- Yes
- No

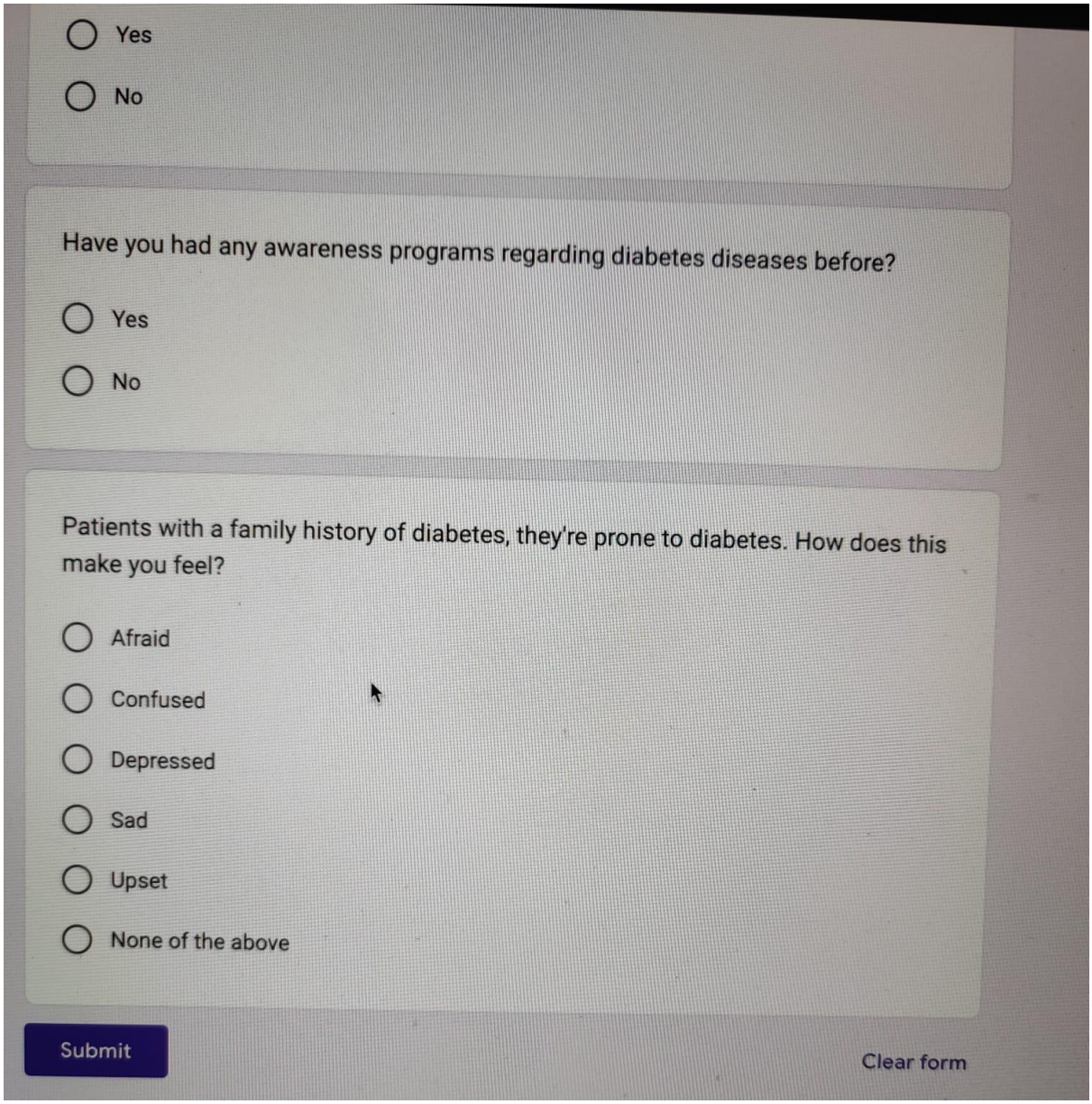
Are you prone to diabetes?

- Yes
- No
- Don't know

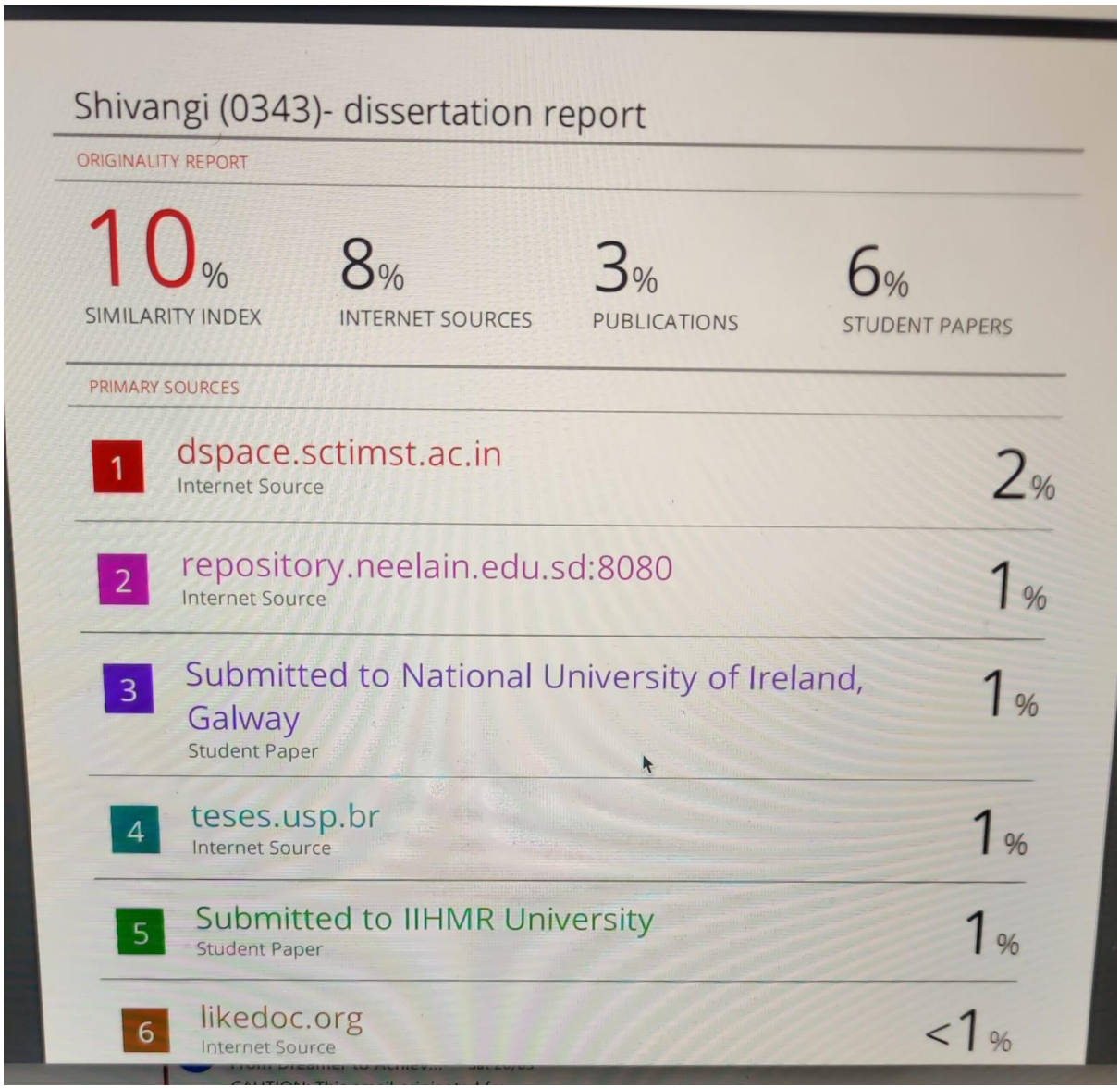
Do you test your blood sugar levels (HbA1C test) regularly?

- Yes
- No


If yes, how often?
Once a month
Once every six months
Once in a year
Never
Do you have any health programs or diets to save you from diabetes?
Yes
No
Do you take any medications to save you from diabetes in future?
Yes
No


Yes
No
Have you had any awareness programs regarding diabetes diseases before?
Yes
No
Patients with a family history of diabetes, they're prone to diabetes. How does this make you feel?
Afraid
Confused
Depressed
Sad
Upset
None of the above
Submit
Clear form

ANNEXURE II



Shivangi (0343)- dissertation report

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