

## About You

**Please note:** You can leave PART OR ALL of this section blank if you want. The information you provide will still be useful if it's anonymous. If you do provide contact details, then we may contact you to talk further about your experiences of Type 2 Diabetes.

Your name \_\_\_\_\_

Where you live \_\_\_\_\_

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

## Diabetes Diagnosis

When were you first diagnosed? \_\_\_\_\_

How did you feel when you were diagnosed?

*(circle the word that best describes your reaction)*

Relieved

Angry

Scared

Surprised

Well Prepared

Confused

What was your doctor's first advice to you? \_\_\_\_\_

What was your biggest worry about diabetes? \_\_\_\_\_

## Living with Diabetes

How do you think you are managing your diabetes?

*(circle the word that best describes your situation)*

Very Well

Quite Well

Just Coping

Not Coping At All

What is your current treatment regime? \_\_\_\_\_

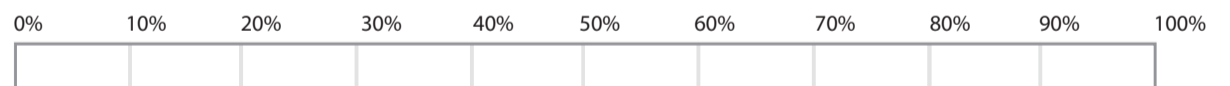
What's the WORST thing about diabetes? \_\_\_\_\_

What's the BEST thing, or the 'silver lining'? \_\_\_\_\_

What ONE THING would you say to someone who's just been diagnosed?  
\_\_\_\_\_

How much of your life is about your diabetes?

*(fill in the bar to indicate a percentage)*



## Active living

How active is your lifestyle?

*(circle the word that best describes your lifestyle)*

Very Active

Quite Active

Not Very Active

Not Active At All

How important do you think activity & exercise are to good diabetes management?

*(circle the word that best describes your opinion)*

Very Important

Quite Important

Not Very Important

Unimportant

What advice has your GP given you about exercise? \_\_\_\_\_

Have you become more active since your diagnosis? \_\_\_\_\_

What ONE THING stops you being more active? \_\_\_\_\_

What ONE THING would help you be more active? \_\_\_\_\_