

Diabetes Smartphone Application (App) Survey for NZSSD

We are performing a survey to establish whether health professionals treating people with diabetes in New Zealand recommend smartphone applications (apps) to assist diabetes self-management and which features of diabetes apps health professionals consider important.



1. What is your profession?

- Nurse
- Dietician
- Doctor
- Podiatrist
- Other, please specify: _____

2. What is your age?

- 21-30
- 31-40
- 41-50
- 51-60
- 61+

3. How many years has your professional role focused on treating people with diabetes?

- <1 year
- 2-5 years
- 6-10 years
- >10 years

4. Do you own a smartphone?

- Yes
- No

5. Have you ever recommended a smartphone application (app) for diabetes self-management?

- Yes. If yes, which smartphone app(s) did you recommend? _____
- No

6. Please rate how useful you think these diabetes app features are for people with diabetes to enhance their diabetes self-management:

	Not at all useful	Slightly useful	Useful	Very useful	Extremely useful
Information about diabetes e.g. dietary advice, contact information for diabetes team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualised guidelines for ideal blood glucose levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diary for blood glucose and carbohydrate intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminders to check blood glucose, take medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin calculation device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How confident do you feel in recommending diabetes apps to patients in the following categories?

	Not at all confident	Not confident	Not sure	Confident	Very confident
Diabetes education apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood glucose diaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apps with reminders for medication or blood glucose changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin calculation devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Thank you for completing the survey. Please add any comments or feedback: