

# NATIONAL DIABETES RESEARCH

Interviewer: _____		Interview date: ___ / ___ / _____
City: _____	Center: _____	Record #: [ TAG ]

## SECTION A: PERSONAL INFORMATION

- A1. How old are you?  years old
- A2. [MARK ANSWER WITHOUT ASKING]: 1. ( ) Male 2. ( ) Female
- A3. What is your marital status?
- ( ) Single
  - ( ) Married
  - ( ) Divorced
  - ( ) Widower
  - ( ) Living with a partner
- A4. What is your skin color (race/ethnicity)?
- ( ) White
  - ( ) Mixed
  - ( ) Black
  - ( ) Asian
  - ( ) Other (specify) \_\_\_\_\_
- A5. What is your educational attainment? [ILLITERATE: SCORE "0"]
- I studied up to  grade, or
  - ( ) Secondary/High school or
  - ( ) At least some College
  - ( ) Primary school or less
- A6. What is your current working situation?
- ( ) Full-time or part-time work
  - ( ) Retired or pensioner
  - ( ) Unemployed
  - ( ) Medical license due to illness or physical disability
  - ( ) Housewife
  - ( ) Student
  - ( ) Does not work

## SECTION B: DATA ON HEALTH HISTORY AND LIFE HABITS

- B1. What is your height? ,  m
- B2. How much do you weigh? ,  Kg
- B3. Has any doctor ever told you that you have or have had any of these problems....?
- |  | (Yes) | (No)  | (Do not know) |
|--|-------|-------|---------------|
| B3a. Angina or heart attack (chest pain).....  | ( Y ) | ( N ) | ( DNK )       |
| B3b. Change in the fundus of the eye (or have had a laser treatment), cataracts,<br>or significant loss or decrease in vision..... | ( Y ) | ( N ) | ( DNK )       |
| B3c. Renal function impairment (kidney disease).....   | ( Y ) | ( N ) | ( DNK )       |
| B3d. Neuropathy / neuritis (numbness, "twinges" in the legs / feet).....   | ( Y ) | ( N ) | ( DNK )       |
| B3e. Peripheral vasculopathy ("diabetic foot", chronic leg ulcers / sores).....  | ( Y ) | ( N ) | ( DNK )       |
| B3f. Stroke .....  | ( Y ) | ( N ) | ( DNK )       |
| B3g. Other (What? _____).....  | ( Y ) | ( N ) | ( DNK )       |

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**B4. Do you have other family members with diabetes (parents, grandparents, children, siblings)?** ( Y ) ( N ) (DNK )

**B5. Compared to other people your age, you would say that your level of physical activity is:**

1. ( ) Less than most people
2. ( ) Same as most people
3. ( ) More than most people

## SECTION C: DIABETES DATA (TYPE, TREATMENT AND CONTROL)

**C1. What was your age when your diabetes was diagnosed?**   years old

**C2. What type of diabetes is it?**

1. ( ) Type 1 (usually starts at a young age, almost always without previous cases of diabetes in the family, and treated with insulin)
2. ( ) Type 2 (usually begins at age 40 years or more, associated with obesity, often with previous cases in the family and treated with oral medication associated or not with insulin)
3. ( ) Gestational (occurred during pregnancy)

**C3. Indicate which treatment(s) you currently use:**

**C3.1. Do you follow a specific diet?**

1. ( ) NO [GO TO C3.2]
2. ( ) YES

**C3.1a. Honestly, how would you say it is your diet adherence? [READ ALL OPTIONS]**

1. [ ] Poor (I never follow the diet)
2. [ ] Bad (I rarely follow the diet)
3. [ ] Regular (Sometimes I follow the diet)
4. [ ] Good (I almost always follow the diet)
5. [ ] Excellent (I always follow the diet)

**C3.2. Do you use oral medication for diabetes?**

1. ( ) NO [GO TO C3.3]
2. ( ) YES. Which are they?

SIGN THE TIME (S) YOU TAKE MEDICATION:

	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Before bed / at night</u>
<b>C3.2a.</b> _____	_	_	_	_
<b>C3.2b.</b> _____	_	_	_	_
<b>C3.2c.</b> _____	_	_	_	_

**C3.2d. Honestly, how would you say that is your adherence to the use of medication? [READ ALL OPTIONS]**

1. [ ] Poor (I use medication only when I feel bad)
2. [ ] Bad (I use medication very irregularly)
3. [ ] Regular (Sometimes I forget / stop taking the medication)
4. [ ] Good (I rarely forget / stop taking the medication)
5. [ ] Excellent (I almost never forget / stop taking the medication)

**C3.3. Do you use insulin?**

1. ( ) NO [GO TO C4]
3. ( ) YES Which type (s) of insulin?

SIGN THE TIME (S) YOU TAKE MEDICATION

	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Before bed / at night</u>
<b>C3.3a.</b> _____	_	_	_	_
<b>C3.3b.</b> _____	_	_	_	_
<b>C3.3c.</b> _____	_	_	_	_

**C3.3d. Honestly, how would you say that is your adherence to the use of insulin? [READ ALL OPTIONS]**

1. [ ] Poor (I use insulin only when I feel bad)
2. [ ] Bad (I use insulin very irregularly)
3. [ ] Regular (Sometimes I forget / stop taking insulin)
4. [ ] Good (I rarely forget / stop taking insulin)
5. [ ] Excellent (I almost never forget / stop taking insulin)

**C4. Currently, what test (s) do you use to evaluate your diabetes control:**

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## C4.1. Capillary blood glucose test (droplet of blood from the tip of the finger)?

1. ( ) No
2. ( ) Yes, occasionally (when I feel bad, or when I go to the doctor's office, etc.)
3. ( ) Yes, regularly. **C4.1a. How many times do you do the test?** |\_\_|\_\_| per DAY OR |\_\_|\_\_| per WEEK

## C4.2. Urine glucose strip?

1. ( ) No
2. ( ) Yes, occasionally (when I feel bad, when I go to the doctor's office, etc.)
3. ( ) Yes, regularly. **C4.2a. How many times do you do the test?** |\_\_|\_\_| per DAY OR |\_\_|\_\_| per WEEK

## C5. In the last 12 months, have you had any glyated (or glycosylated) hemoglobin test?

1. ( ) No
2. ( ) Do not know
3. ( ) Yes. **C5.1. How many times did you take this test in the last 12 months?** |\_\_|\_\_|  
**C5.2. What is the most recent result?** \_\_\_\_\_ |\_\_| Do not know

## C6. In the past 12 months, have you had any other medical visits to control your diabetes (in addition to this visit)?

1. ( ) No
2. ( ) Yes, but not regularly (only when I felt bad or thought diabetes was uncontrolled)
3. ( ) Yes, regularly (regardless of whether I feel well controlled) **C6.1. In this case, how many times?** |\_\_|\_\_|

## C7. In the last 12 months, what type of doctor did you consult for your diabetes? [READ ALL OPTIONS]

1. ( ) I did not see a doctor during this period
2. ( ) General doctor
3. ( ) Endocrinologist or diabetes specialist
4. ( ) Other (specify which: \_\_\_\_\_)

## C8. Generally, do you always consult for diabetes with the same doctor?

1. ( ) No, I consult with the doctor who is available.
2. ( ) Yes, always with the same doctor

## C9. In the last 12 months, where did you go to consult for diabetes? [READ ALL OPTIONS]

1. ( ) I did not consult myself during this period
2. ( ) General public service (not specialized in diabetes)
3. ( ) Diabetes Specialized Public Service (Reference Center)
4. ( ) Private clinic
5. ( ) Other (Which? \_\_\_\_\_)

## C10. Generally, do you always care for your diabetes in the same place / medical service?

1. ( ) No, I consult different medical clinics / services, depending on availability.
2. ( ) Yes, always in the same clinic / medical service.

## C11. In the past 12 months, have you had any hypoglycemia (low blood sugar) episodes that required medical assistance or family / friends / neighbors help?

1. ( ) NO [GO TO C12]
2. ( ) YES **C11.1. How many times?** |\_\_|\_\_|

## C12. In the past 12 months, have you had to go to emergency room because of diabetic ketoacidosis (diabetes decompensation or very high blood sugar)?

1. ( ) NO [GO TO C13]
2. ( ) YES **C12.1. How many times?** |\_\_|\_\_|

## C13a. In the last 12 months, have you participated in any lecture, class or course on diabetes?

1. ( ) NO [GO TO C13b]
2. ( ) YES **C12.1. How many times?** |\_\_|\_\_|

## C13b. Do you participate in any diabetic group or association?

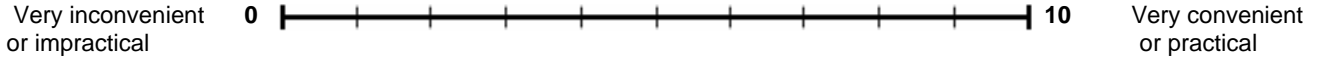
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- 1. ( ) No, I never participated.
- 2. ( ) Yes, but I do not participate anymore.
- 3. ( ) Yes, I still participate.

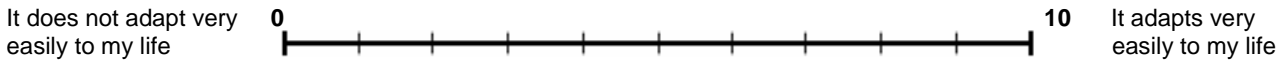
**C14. In the last 12 months, you would say that controlling your diabetes has been ... (Answer honestly!)**

<b>Terrible</b>	<b>Bad</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]

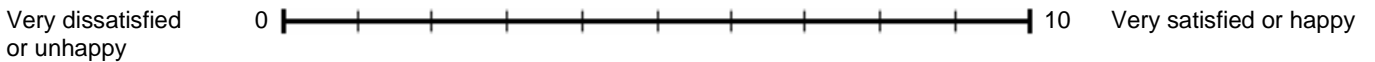
**C15. Recently, how much have you found the treatment of your diabetes (medications, control exams, etc.) convenient / practical / easy? (use this scale from 0 to 10 [SHOW SCALE], where "0" means "very inconvenient" and "10" means "very convenient")**



**C16. Recently, how much have you found that treating your diabetes (medications, checkups, etc.) fits your life? (use this scale from 0 to 10 [SHOW SCALE], where "0" means "does not adapt very easily to my life" and "10" means "adapts very easily to my life")**



**C17. How satisfied are you with what you know about your diabetes? (use this scale from 0 to 10 [SHOW SCALE], where "0" means "very dissatisfied" and "10" means "very satisfied")**



**C18. How satisfied would you be with continuing your current routine of treatment (medications, medications, control tests, etc.)? [READ ALL OPTIONS]**

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]	[ 5 ]

**THANK YOU FOR YOUR PARTICIPATION!**