

Baseline survey

SECTION 1: SOCIO-DEMOGRAPHIC QUESTIONS

1. How old were you on your last birthday?
_____ years
2. Are you _____?
 Male
 Female
3. Which ethnic group do you belong to?
 Chinese
 Malay
 Indian
 Other (please specify: _____)
4. What is your current marital status?
 Never married
 Married
 Widowed
 Divorced
 Separated from spouse
 Prefer not to say
5. What is the highest level of education you have completed?
 No formal education
 Primary
 Secondary
 'A' level certificate
 Polytechnic diploma
 University first degree
 University postgraduate diploma/degree
 Other (please specify: _____)
6. What is your household's total income from all sources, after taxes and compulsory deductions?
 Below \$1,000
 \$1,000 - \$1,999
 \$2,000 - \$2,999
 \$3,000 - \$3,999
 \$4,000 - \$4,999
 \$5,000 - \$5,999
 \$6,000 - \$6,999
 \$7,000 - \$7,999
 \$10,000 and over
 Prefer not to say

7. Which of the following best describes your current employment status?
- Working (full-time)
 - Working (part-time)
 - Homemaker
 - Retired and not working
 - Currently not working

SECTION 2: DIABETES STATUS

8. How many years back did your doctor diagnose you with type 2 diabetes?
_____ years back
9. What is your current medication regimen for treatment of diabetes?
- No medication
 - 1 oral medication
 - 2 or more oral medications

SECTION 3: SUMMARY OF DIABETES SELF-CARE ACTIVITIES

10. How many of the last **seven days** have you followed a healthful eating plan?
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
11. On average, over the past month, how many **days per week** have you followed your eating plan?
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7

12. On how many of the last **seven days** did you eat five or more servings of fruits and vegetables?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

13. On how many of the last **seven days** did you eat high fat foods such as red meat or full-fat dairy products?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

14. On how many of the last **seven days** did you participate in at least 30 minutes of physical activity (total minutes of continuous activity, including walking)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

15. On how many of the last **seven days** did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

16. On how many of the last **seven days** did you test your blood sugar?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

17. On how many of the last **seven days** did you test your blood sugar the number of times recommended by your healthcare provider?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

18. On how many of the last **seven days** did you test check your feet?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

19. On how many of the last **seven days** did you inspect the inside of your shoes?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

20. Have you smoked a cigarette – even one puff – during the past **seven days**?

- Yes
- No

{If 'Yes', proceed to Q21, else skip to end of survey}

21. How many cigarettes did you smoke on an average day?
