HUNT 2 Questionnaire 3

Supplementary form on **diabetes**

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You have stated that you have, or have had, diabetes. Therefore, we ask that you answer these questions to the best of your knowledge. The information will be used for research to improve diabetes care and to prevent problems associated with the disease. Please read the brochure 'hunt-special' that you received at the health examination.

All information will be treated in strict confidence.

COMPLETION

Date of completion of the form ___/___19___

DIAGNOSIS

Under what circumstances were you diagnosed with diabetes?

I consulted a doctor because of symptoms<yes, no>

It was discovered without my having symptoms (examination for a medical certificate, company medical examination, examination for another complaint at a hospital or elsewhere) <yes, no>

What symptoms did you have around the time the diabetes was discovered? (Put an X in at least one box)

No symptoms	Nausea
Abnormal thirst	Vision problems
Excessive urination	Leg pain
Lethargy, faintness	Vaginal itching (Genital pruritus)
Weight loss	Other symptoms

TREATMENT

INSULIN

Do you take insulin injections (syringe, pen) for your diabetes? <yes, no>

If NO, go to TABLETS

What year did you begin taking insulin? 19___

How do you take insulin? *One X on each line* <yes, no>
Syringes that I fill myself
Disposable (ready-filled) insulin pens
Standard insulin pens (pens with ampoules that are changed when empty)
Insulin pump
Jet injector

How many times a day do you normally take insulin? No. of times ____

How many units of insulin a day do you normally take? Units (IU) ____

TABLETS

Do you take tablets for your diabetes? <yes, no>

If NO, go to MEASURING YOUR BLOOD SUGAR

If you take tablets for your diabetes, write the name of the tablets below, the mg written on the bottle/packet and the number of tablets you take per day:
(If you take more than one type of tablet for your diabetes, write the names of both)

Write the name of the tablet here	mg pr. tabl.	no.pr.day
Write the name of the tablet here	mg pr. tabl.	no.pr.day

MEASURING YOUR BLOOD SUGAR

At home, do you measure how much sugar (glucose) you have in your blood (blood sugar)?
Answer yes if someone helps you or does it for you <yes, no>

If NO, go to MEDICAL EXAMINATION

Approximately how many times do you measure your blood sugar in an average week? No. of times ____

What method do you use to measure your blood sugar?
Blood test **s**trips (read by comparing to colour on box):
Blood glucose monitor (reads sample; gives result as a number):

If you use a monitor to read your blood sugar level, what is the device called? Write the name on the line

MEDICAL EXAMINATION

Do you see a doctor regularly for a medical examination for your diabetes? <yes, no>

If NO, **do you go to a nurse or other health care personnel for your medical examination?** <yes, no>

If you do not go to your doctor for medical examinations, go to DIET

What type of doctor do you see regularly for your diabetes?
(Put an X in only one box)
Ordinary doctor (local medical officer, general practitioner, company doctor, etc.)
Hospital doctor (outpatient department at hospital)
I live in a nursing home or other institution and am examined there

How many different doctors have there been the last five times that you went for your usual diabetes examination? Number of doctors ____

How many times a year do you usually go to the doctor for a diabetes examination? No. of times ____

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DIET

Here are a few statements about diet and food. Answer according to your average daily diet.
One X for each line
<True, Somewhat true, Somewhat false, False>
I eat exactly the same as those without diabetes.
I constantly try to lose weight.
I see it as a problem not to be able to eat what I want.
On most days I try to avoid (saturated) fat.
I eat a lot of vegetables.

HOW ARE YOU

Do you find having diabetes difficult? *One X only*
Yes, I feel that it is a problem every day
Yes, I often think about it
Yes, sometimes
No, rarely
No, I hardly ever think about it

Has your blood sugar level ever been too low ("hypoglycaemia", "insulin shock")?
<yes, no>

If YES, **how many times has this happened in the last week?** No. of times ____

Has your blood sugar been so low (insulin shock) that you needed someone to help you recover? <yes, no>

How many times have you been hospitalized since you were diagnosed with diabetes? No. of times ____

If you have been hospitalized since you were diagnosed with diabetes, what was the reason?
Write on the lines below

VISION

Do you have problems with your vision that your doctor has said are related to your diabetes? <yes, no>

MEDICATION

Do you regularly take any medication for anything other than your diabetes? <yes, no>

If YES, **give the names of these medicines.** Write the name that is on the bottle or pack. Include all regularly taken medicine.

INSTRUCTION - SUPPORT

Are you a member of the Norwegian Diabetes Association? <yes, no>

If YES, **for about how many years have you been a member?** Years ____

Have you ever attended courses or meetings on diabetes? <yes, no>

Are you receiving basic benefits for your diabetes from social security? <yes, no>

Do you receive a special tax allowance because you have diabetes? <yes, no>

FOOT PROBLEMS

Have you undergone surgery for intermittent claudication (blocked artery/smoker's leg)? <yes, no>

Have parts of one or both legs been amputated? One X on each line, write the year on the right

toe/foot? <yes, no> Year____
calf/knee? <yes, no> Year____
thigh? <yes, no> Year____

Have you had ulcers on your feet that have taken more than 3 weeks to heal? <yes, no>

If YES, **about how many weeks did it take for the ulcers to heal?** Weeks ____ (If several times, answer for the time that lasted the longest)

Have you ever had your feet examined by the doctor at your normal diabetes examination? <Yes, No, Don't remember>

Are your feet examined regularly by any of the following? <yes, no>
Doctor
Foot therapist/pedicurist
Nurse/home care nurse
Other
Yourself

If you have regular foot examinations by the doctor/foot therapist/nurse, how long is it between examinations? Weeks ____

Please put this questionnaire in the same envelope as the other questionnaires that you were given at the health examination and post them as soon as possible.

The postage is paid.

Many thanks for your help!