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**Q3 Questionnaire 3
Diabetes**

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Dear HUNT participant,

Thank you for participating in the first part of this health study. You have received this questionnaire because you answered Yes to the question about diabetes. We hope that you will also answer this questionnaire. Please put an X in the box of your answer for each question using a blue or black ball point pen or marker. CORRECT INCORRECT

Return the questionnaire in the enclosed, stamped envelope.

Date of completion ____ / ____ 200 ____

DIAGNOSIS

Under what circumstances were you diagnosed with diabetes? Yes No

I consulted a doctor because of symptoms

It was discovered without my having symptoms

(Examination for a medical certificate, company medical examination, examination for another illness, etc.)

In which year were you diagnosed with diabetes?

Write the year in the appropriate box; Example below:

19 95 _____

TREATMENT

INSULIN

Do you currently take insulin (syringe, pen) for your diabetes? Yes No

If No, skip to question 8

What year did you begin taking insulin?

19 95 _____

How do you take insulin? (One X for each line)

Yes No

Insulin pen

Insulin pump

Jet injector

How many times a day do you normally take insulin? Number 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

What year did you begin taking tablets for your diabetes?

19 95 _____

MEASURING YOUR BLOOD SUGAR

At home, do you measure how much sugar (glucose) you have in your blood (blood sugar)? Yes No

(Answer Yes if someone helps you or does it for you)

Approximately how many times do you measure your blood sugar in an average week/day? (Write in the box that is appropriate for you)

Pr. week: Pr. day:

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 professional for your medical examination? Yes No

If you do not go to a doctor for medical examinations, skip to question 16.

What type of doctor do you see regularly for your diabetes? Yes No

Family doctor (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 you went for your usual diabetes examination? doctors

How many times a year do you usually go to the doctor for a diabetes examination? times

INSTRUCTION - SUPPORT

Are you a member of the Norwegian Diabetes Association? Yes No

If Yes, about when did you become a member?

19 _____ 200 _____ Write the year in the appropriate box

Have you ever attended courses or meetings on diabetes? Yes No

Do you receive a special tax allowance because you have diabetes? Yes No

Where did you get the most information about diabetes?

X the most important places (up to 3):

Course/meetings

My doctor, other doctor

Nurse (diabetes nurse)

Others who have diabetes

Books/magazines/journals

Internet

DIET AND FOOD

Below are a few statements about diet and food.

Answer according to your average daily diet (One X per line)

	True	Somewhat true	Somewhat false	False
I eat exactly the same as those without diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I constantly try to lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I see it as a problem that I cannot eat what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On most days I try to avoid saturated fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat a lot of vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you usually eat:

	Seldom/ Never	1-2 x a week	3-4 x a week	5-6 x a week	Every- day
nuts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
peas/beans/ lentils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oatmeal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
onions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISION

Do you have problems with your vision that your doctor has said are related to your diabetes? Yes No

Do you regularly go to eye examinations (of retina) because of your diabetes? Yes No

If Yes:

How long is it usually between examinations? Months

Have you had laser eye surgery because of changes in the retina caused by diabetes? Yes No

HOW ARE YOU

Do you find having diabetes difficult? (One X)

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

I feel just like those who do not have diabetes

In general, do you think it is difficult to control your blood sugar?

Very difficult Easy

Difficult Very easy

Sometimes difficult/sometimes easy

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? 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? Times

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

Low sugar/insulin shock or injury due to this

High blood sugar/hyperglycaemia

Cardiovascular disease (heart attack, heart failure, stroke, etc.)

Kidney disease

Other illness/disease

LEG/FOOT PROBLEMS

Have you undergone surgery for blocked arteries? Yes No

Have parts of one or both legs been amputated? (One X for each line, if Yes, write in year on the right)

	Yes	No	Year
Toe/foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Calf/knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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? (If several times, answer for the time that lasted the longest) weeks

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? (X all that have done this)

Doctor Other

Foot therapist/pedicurist Yourself

Nurse/home care nurse

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

Return the questionnaire in the accompanying, stamped envelope.

Thank you for your help!