

# Your diabetes questionnaire

Name

Name of person who filled in the form (if not you)

## About the form






We want to find out what you know as this will help us manage your health better.

Be honest and try to answer all the questions.

If you don't understand a question please ask for help.

**How to fill in the form:** If there is a box  please tick your answer

1. How good is your knowledge of diabetes? (please  your answer)


	Very good	<input checked="" type="checkbox"/>
	Good	<input type="checkbox"/>
	OK	<input type="checkbox"/>
	Not very good	<input type="checkbox"/>
	I don't know anything about diabetes	<input type="checkbox"/>

2. Do you know the symptoms of diabetes? Yes  No  Please  your answer

If yes, write down the symptoms you know about.


Post-education questionnaire

3. Please tell us anything else you know about diabetes.


4. Do you know what a 'hypo' is? Yes  No  Please  your answer

5. How much do you know about a hypo? Please  your answer

A lot	Quite a lot	Not sure	Not very much	Nothing

6. Do you know how to manage a hypo? Yes  No  Please  your answer

7. Please tell us what you know about a hypo is and how you would manage it.

8. Tell us if you think the statements below are true or false Please  your answer


	True	False	Don't know
A carefully planned diet is one way that can help you manage your diabetes			
Eating too much sugar causes diabetes			
People with diabetes should not be physically active			

9. Diabetes is a life long condition that can lead to other health problems. Please tell us any health problems you think it might cause.

10. Following the healthy living sessions, which statements best describe you? ✓

I am more physically active	
I am planning to take up some form of regular physical activity	
There is no change in my physical activity	
I have changed my eating habits	
I am planning to change my eating habits	
I am not changing my eating habits	

11. How good do you think your diabetes control is? ✓

	Very good	
	Good	
	OK	
	Not very good	
	Not good at all	
?	Don't know	

12. Please tell us the most useful thing you have learned from the sessions.

Thank you for completing the form