Diabetes Self-Care Questionnaire Post v15

Instructions: The questions below should take about 15 minutes to answer. There are no right or wrong answers to many of the questions. Some questions ask for your opinions or choices that best describe your personal experience. To answer the first 5 questions, please fill in the blanks.

1. Today’s Date: _____ Day _____ Month _____ Year

2. Gender: _____ Male _____ Female

3. What is your age? _____ Years

4. Does anyone else in your family have diabetes? (place a ✓ in one of the boxes)
   - No
   - Yes, who? __________________

Next we want to know what you have been doing in the past month. For each question below place a ✓ in the box that best answers the question.

5. How often did you exercise for at least 30 minutes per day? (Exercise includes walking, an active job, household work, and sports)
   - Never or rarely
   - 2 times a week
   - 3 times a week
   - 4 times a week
   - Every day

6. How often did you eat foods high in sugar?
   - Never or rarely
   - 2 times a week
   - 3 times a week
   - 4 times a week
   - Every day

7. How often did you eat foods high in fat?
   - Never or rarely
   - 2 times a week
   - 3 times a week
   - 4 times a week
   - Every day
8. How often did you miss a meal?

☐ Never or rarely
☐ 2 times a week
☐ 3 times a week
☐ 4 times a week
☐ Every day

9. How often did you eat more than you should?

☐ Never or rarely
☐ 2 times a week
☐ 3 times a week
☐ 4 times a week
☐ Every day

10. How often did you eat fruits and vegetables?

☐ Never or rarely
☐ 2 times a week
☐ 3 times a week
☐ 4 times a week
☐ Every day

11. Do you take diabetes drugs? (place a ✓ in one of the boxes)

☐ Yes, I take both insulin and oral drugs
☐ Yes, I take insulin only
☐ Yes, I take oral drugs only
☐ No, I do not take diabetes drugs (go to item 14)

12. If you are taking diabetes drugs, how often do you miss a dose? (place a ✓ in one of the boxes)

☐ Never or rarely
☐ Once in a while
☐ A few times a month
☐ A few times a week
☐ Every day
13. Why do you sometimes miss a dose of diabetes medication? (please ‘✓’ yes or no)

Yes  No
☐  ☐ I cannot afford the drugs prescribed
☐  ☐ The hospital ran out of drugs
☐  ☐ It is difficult when I travel away from home
☐  ☐ I have no transportation
☐  ☐ I am too sick to come to the clinic
☐  ☐ I forget
☐  ☐ I use alternative or traditional drugs
☐  ☐ I have problems with the side affects of the drugs
☐  ☐ I fear taking the drugs
☐  ☐ Other reason: please explain

14. Do you smoke?

☐ Yes
☐ No

15. Do you ever check your own blood sugar at home?

☐ Yes
☐ No

16. How often do you have your blood sugar checked by a health care worker? (choose one answer)

☐ Rarely or never
☐ Every 2-3 months
☐ Monthly
☐ Weekly
☐ Daily

17. If you are feeling shaky and sweaty, your blood sugar is probably…(choose one answer)

☐ Too low
☐ Normal
☐ Too high
18. What would you do if you were feeling shaky and sweaty?  
(place a ✓ next to all of the choices that apply)

☐ More physical activity  
☐ Less physical activity  
☐ Take more diabetes drugs  
☐ Eat more  
☐ Eat less  
☐ Drink more water  
☐ Skip a meal  
☐ See a healthcare provider  
☐ Do nothing different  
☐ Other, describe ______________________________

19. If you are urinating frequently, your blood sugar is probably…(choose one answer)

☐ Too low  
☐ Normal  
☐ Too high

20. What would you do if you were urinating frequently?  
(place a ✓ next to all choices that apply)

☐ Do more physical activity  
☐ Do less physical activity  
☐ Take more diabetes drugs  
☐ Eat more  
☐ Eat less  
☐ Drink more water  
☐ Skip a meal  
☐ See a healthcare provider  
☐ Do nothing different  
☐ Other, describe ______________________________

21. How often do you examine your feet for sores or wounds? (choose one answer)

☐ Rarely or never  
☐ Every 2-3 months  
☐ Monthly  
☐ Weekly  
☐ Daily
22. In the past month have you missed work, school or your usual routine due to diabetes?

☐ Yes
☐ No

23. Who supports you in your efforts to take care of your diabetes?

(please a ✓ next to all choices that apply)

☐ No one
☐ Parent
☐ Husband or wife
☐ My children
☐ A friend or neighbor
☐ A relative
☐ A doctor, nurse or other healthcare worker

24. How helpful in general are your support persons when taking care of your diabetes? (choose one answer)

☐ Not at all helpful
☐ A little helpful
☐ Somewhat helpful
☐ Very helpful

25. How helpful to you was the Peer Partner program? (choose one answer)

☐ Not at all helpful
☐ A little helpful
☐ Somewhat helpful
☐ Very helpful

26. What was most helpful about having a peer partner? (“✓”all choices that apply)

☐ I received encouragement
☐ I gave encouragement
☐ I learned a lot
☐ I had someone who listened to me
☐ I could talk about diabetes with someone
☐ I received helpful advice on taking care of my diabetes
☐ I paid more attention to my diabetes
☐ My partner encouraged me to contact the clinic
☐ Other reason (please explain):__________________________________
27. What was not helpful about having a peer partner? (✓ all choices that apply)

☐ I did not feel comfortable talking to my partner
☐ We did not talk often enough
☐ I could not contact my partner
☐ My partner lacked a lot of knowledge about diabetes
☐ My partner talked too much
☐ My partner told me what to do
☐ My partner was not motivated to make any changes
☐ Other reason (please explain): ____________________________

28. How did you make contact with your partner most of the time? (✓ all choices that apply)

☐ I used the cell phone provided
☐ I used my own cell phone
☐ We met face to face

29. How often did you make a contact with your Peer Partner?

☐ Never or rarely
☐ A few times a month
☐ Monthly
☐ Weekly
☐ Daily

30. Choose if you agree or disagree with each statement about using a cell phone to contact your partner?

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
31. Did you attend the Peer Partner meeting in June?

☐ Yes
☐ No

32. Did you attend the Peer Partner meeting in August?

☐ Yes
☐ No

33. Compared to before the program, did you contact the diabetes clinic

☐ More often
☐ Less often
☐ About the same

34. How often did you use the cell phone to contact someone at the diabetes clinic?

☐ Never or rarely
☐ A few times a month
☐ Monthly
☐ Weekly
☐ Daily

35. What language is most helpful to you for written materials about diabetes?

☐ English
☐ Luganda
☐ Either one
☐ Other (please describe):

36. Do you have problems reading because of poor eye sight?

☐ Yes
☐ No

37. Do you wear reading glasses?

☐ Yes
☐ No
38. How much does diabetes interfere with your job, school, daily activities or social life?
- A lot
- Some
- A little
- Not at all

39. How much does having diabetes reduce your sense of well-being?
- A lot
- Some
- A little
- Not at all

40. How much does diabetes make you worry that you will get complications?
- A lot
- Some
- A little
- Not at all

41. How much does diabetes make you feel overwhelmed or that it is too hard to manage?
- A lot
- Some
- A little
- Not at all

42. How much does diabetes make you feel depressed or sad?
- A lot
- Some
- A little
- Not at all

43. How much does diabetes interfere with your sexual functioning?
- A lot
- Some
- A little
- Not at all
How much do you agree or disagree with the following statements about taking care of your diabetes? Place a ✓ in the box that best describes your answer to each question below.

44. I do not know what to do to take care of my diabetes.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

45. I do not know how to take care of my diabetes.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

46. It is too difficult to take care of my diabetes.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

47. I do not have the time to take care of my diabetes.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

48. My health is not good enough to take care of my diabetes.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree

49. I cannot see well enough to take care of my diabetes.

☐ Strongly agree  ☐ Agree  ☐ Disagree  ☐ Strongly disagree
50. I have no place to keep my supplies to take care of my diabetes.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

51. I do not have the will power to take care of my diabetes.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

52. My family and friends do not support me enough to take care of my diabetes.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

53. I cannot remember to take care of my diabetes.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

54. It is too uncomfortable to take care of my diabetes.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

55. It is not that important to take care of my diabetes.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
56. I do not enjoy taking care of my diabetes.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

57. I do not have the financial resources to take care of my diabetes.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

58. How confident are you in taking care of your diabetes? (choose one answer)

☐ Not at all confident
☐ A little confident
☐ Somewhat confident
☐ Very confident

59. Since participating in the peer program, my confidence in living with diabetes has

☐ Increased
☐ Decreased
☐ Did not change

Is there anything else you would like to say about your experience with the peer program? How could it be improved?