

1. Cambridge ID

2. Date of birth - - **19**

3. Today's date - - **200**

4. At what age did you finish full time education? Age in years

5. Has a doctor ever told you that you have any of the following?

	<u>Yes</u>	<u>No</u>	<u>Year first diagnosed</u>	<u>If treated in which hospital</u>	
a. High blood cholesterol (hyperlipidaemia)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
b. High blood pressure (hypertension)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
c. Angina	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
d. Heart attack (myocardial infarction)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
e. Stroke	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
f. Cardiac arrhythmia/palpitations/irregular heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>

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	<u>Yes</u>	<u>No</u>
g. Have you ever had an operation for coronary arteriosclerosis (balloon dilation of the coronary arteries or by-pass)?	<input type="radio"/>	<input type="radio"/>



6a. Do you smoke? (Please select only one of the following choices:)

- Yes daily (go to question 6b)
- Yes, occasionally (less than one cigarette, cigar or a pipe daily) (go to question 7)
- No, I have never smoked (go to question 7)
- No, but previously I was a smoker. I quit in: (go to question 7)

Year

6b. How much do you smoke a day on average?

Number

cigarettes a day

cigars a day

grams tobacco in a week

7. How many units of alcohol do you consume in an average week?

1 unit is equivalent to:

½ pint of beer

1 glass of wine

1 single measure of spirits

Units per week

beer

wine

spirits

(If you do not drink alcohol, please place a zero in each box)





Below are some questions about **the feeling in your legs and feet**. Tick yes or no based on how you usually feel.

	<u>Yes</u>	<u>No</u>
8. Are your legs and/or feet numb? -----	<input type="radio"/>	<input type="radio"/>
9. Do you ever have any burning pain in your legs and/or feet? -----	<input type="radio"/>	<input type="radio"/>
10. Are your feet sensitive to touch? -----	<input type="radio"/>	<input type="radio"/>
11. Do you get muscle cramps in your legs and/or feet? -----	<input type="radio"/>	<input type="radio"/>
12. Do you ever have any prickling feelings in your legs or feet? -----	<input type="radio"/>	<input type="radio"/>
13. Does it hurt when the bedcovers touch your skin? -----	<input type="radio"/>	<input type="radio"/>
14. When you get into the tub or shower, are you able to tell the hot water from the cold water? -----	<input type="radio"/>	<input type="radio"/>
15. Have you ever had an open sore on your foot? -----	<input type="radio"/>	<input type="radio"/>
16. Has your doctor ever told you that you have diabetic neuropathy? -----	<input type="radio"/>	<input type="radio"/>
17. Do you feel weak all over most of the time? -----	<input type="radio"/>	<input type="radio"/>
18. Are your symptoms worse at night? -----	<input type="radio"/>	<input type="radio"/>
19. Do your legs hurt when you walk? -----	<input type="radio"/>	<input type="radio"/>
20. Are you able to sense your feet when you walk? -----	<input type="radio"/>	<input type="radio"/>
21. Is the skin on your feet so dry that it cracks open? -----	<input type="radio"/>	<input type="radio"/>
22. Have you ever had an amputation?	<input type="radio"/>	<input type="radio"/>



By placing a tick in one circle in each group below, please indicate which statements best describe your own health state today.

23.. Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

24. Self-care

- I have no problems with self-care
- I have some problems washing and dressing myself
- I am unable to wash or dress myself

25. Usual activities (eg. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

26. Pain/discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

27. Anxiety/depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed



28. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**

**Best
imaginable
health state**



**Worst
imaginable
health state**

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The following questions ask you for your views about your health, how you feel and how well you are able to do your usual activities. If you are unsure how to answer please give the best answer you can.

Please tick one answer.

29. In general would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

30. Compared to one year ago, how would you rate your health in general now?

- Much better now than one year ago
- Somewhat better now than a year ago
- About the same
- Somewhat worse now than a year ago
- Much worse now than a year ago





Health and daily activities

31. The following questions are about activities you might do during a typical day. Does your health limit you in these activities?

Please tick one box on each line.

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking more than one mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking half a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking 100 yards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





32. During the **past four weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? Answer yes or no to each question.

	<u>Yes</u>	<u>No</u>
a. Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c. Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>
d. Had difficulty performing the work or other activities (e.g. it took extra effort)	<input type="radio"/>	<input type="radio"/>

33. During the **past four weeks**, have you had any of the following problems with your work or other daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	<u>Yes</u>	<u>No</u>
a. Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

34. During the **past four weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

(Please tick one)

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

35. How much **bodily** pain have you had during the **past four weeks**?

(Please tick one)

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

36. During the **past four weeks**, how much did **pain** interfere with your normal work (including work outside the home and housework)?

(Please tick one)

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely





37. These questions are about how you feel and how things have been with you **during the past month**. For each question please indicate the one answer that comes closest to the way you have been feeling.

How much of the time **during the past month**.

	All of the time	Most of the time	A Good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt down-hearted and low?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Has your health limited your social activities (like visiting friends or close relatives)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Health in general

38. Please choose the answer that best describes how **true** or **false** each one of the following statements is for you?

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a. I seem to get ill a little easier than other people	<input type="radio"/>				
b. I am as healthy as anybody I know	<input type="radio"/>				
c. I expect my health to get worse	<input type="radio"/>				
d. My health is excellent	<input type="radio"/>				

Please mark one box only when answering the following question:

39. Compared with my general level of health over the past 12 months, my health state today is:

- Better
- Much the same
- Worse



These questions ask about your quality of life - in other words how good or bad you feel your life to be.

Please tick the circle that best indicates your response for each item.

What we would like to know is how you feel about your life now.

40.

In general, my present quality of life is:						
excellent	very good	good	neither good nor bad	bad	very bad	extremely bad
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we would like to know how your quality of life is affected by your diabetes, its management and any complications you may have.

41.

If I did <u>not</u> have diabetes, my quality of life would be:				
very much better	much better	a little better	the same	worse
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please respond to the more specific statements on the following pages. For each aspect of life described, you will find two parts:

For Part (a): Tick one circle to show how diabetes affects this aspect of your life.

For Part (b): Tick one circle to show how important this aspect of your life is to your quality of life.

42.

(a) If I did <u>not</u> have diabetes, I would enjoy my leisure activities:				
very much more	much more	a little more	the same	less
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) My leisure activities are:				
very important	important	somewhat important	not at all important	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

43. Are you currently working, looking for work or would you like to work?

- Yes (If yes, complete (a) and (b))
- No (If no, go straight to 44a)

(a) If I did not have diabetes, my working life would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) For me, having a working life is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44.

(a) If I did not have diabetes, local or long distance journeys would be:

very much easier	much easier	a little easier	the same	more difficult
<input type="radio"/>				

(b) For me, local or long distance journeys are:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



45. Do you ever go on holiday or want to go on holiday?

- Yes (If yes, complete (a) and (b))
- No (If no, go straight to 46a)

(a) If I did not have diabetes, my holidays would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) For me, holidays are:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46.

(a) If I did not have diabetes, physically I could do:

very much more	much more	a little more	the same	less
<input type="radio"/>				

(b) For me, how much I can do physically is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



47. Do you have any family / relatives?

- Yes (If yes, complete (a) and (b))
- No (If no, go straight to 48a)

(a) If I did not have diabetes, my family life would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My family life is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48.

(a) If I did not have diabetes, my friendships and social life would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My friendships and social life are:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



49. Do you have or would you like to have a close personal relationship (eg. husband / wife, partner)?

- Yes **(If yes, complete (a) and (b))**
- No **(If no, go straight to 50)**

(a) If I did not have diabetes, my closest personal relationship would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) For me, having a close personal relationship is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. Do you have or would you like to have a sex life?

- Yes **(If yes, complete (a) and (b))**
- No **(If no, go straight to 51a)**

(a) If I did not have diabetes, my sex life would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) For me, having a sex life is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



51.

(a) If I did not have diabetes, my physical appearance would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My physical appearance is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52.

(a) If I did not have diabetes, my self-confidence would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My self-confidence is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



53.

(a) If I did not have diabetes, my motivation would be:

very much better	much better	a little better	the same	worse
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<input type="radio"/>				
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(b) My motivation is:

very important	important	somewhat important	not at all important
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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54.

(a) If I did not have diabetes, the way people in general react to me would be:

very much better	much better	a little better	the same	worse
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<input type="radio"/>				
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(b) The way people in general react to me is:

very important	important	somewhat important	not at all important
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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55.

(a) If I did not have diabetes, my feelings about the future (eg. worries, hopes) would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My feelings about the future are:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56.

(a) If I did not have diabetes, my financial situation would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My financial situation is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



57.

(a) If I did not have diabetes, my living conditions would be:

very much better	much better	a little better	the same	worse
<input type="radio"/>				

(b) My living conditions are:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58.

(a) If I did not have diabetes, I would have to depend on others when I do not want to:

very much less	much less	a little less	the same	more
<input type="radio"/>				

(b) For me, not having to depend on others is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



59.

(a) If I did not have diabetes, my freedom to eat as I wish would be:

very much greater	much greater	a little greater	the same	less
<input type="radio"/>				

(b) My freedom to eat as I wish is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60.

(a) If I did not have diabetes, my freedom to drink as I wish (e.g. fruit juice, alcohol, sweetened hot and cold drinks) would be:

very much greater	much greater	a little greater	the same	less
<input type="radio"/>				

(b) My freedom to drink as I wish is:

very important	important	somewhat important	not at all important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there are any other ways in which diabetes, its management and any complications affect your quality of life, please say what they are below:

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The next questions are about your general well-being.

61. Please circle one number on each scale, from 3 (all the time) to 0 (not at all), to indicate how often you feel each statement has applied to you in the past few weeks:

	<u>all the time</u>			<u>not at all</u>
a. I have crying spells or feel like it	3	2	1	0
b. I feel downhearted and blue	3	2	1	0
c. I feel afraid for no reason at all	3	2	1	0
d. I get upset easily or feel panicky	3	2	1	0
e. I feel energetic, active or vigorous	3	2	1	0
f. I feel dull or sluggish	3	2	1	0
g. I feel tired, worn out, used up or exhausted	3	2	1	0
h. I have been waking up feeling fresh and rested	3	2	1	0
i. I have been happy, satisfied or pleased with my personal life	3	2	1	0
j. I have lived the kind of life I wanted to	3	2	1	0
k. I have felt eager to tackle my daily tasks or make new decisions	3	2	1	0
l. I have felt I could easily handle or cope with any serious problem or major change in my life	3	2	1	0

Please make sure that you have considered each of the 12 statements and have circled one number in response to each statement.



The following questions are concerned with the treatment for your diabetes (including insulin, tablets and/or diet) and your experience over the past few weeks. Please answer each question by circling a number on each of the scales.

62. How satisfied are you with your current treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

63. How often have you felt that your blood sugars have been unacceptably high recently?

most of the time 6 5 4 3 2 1 0 none of the time

64. How often have you felt that your blood sugars have been unacceptably low recently?

most of the time 6 5 4 3 2 1 0 none of the time

65. How convenient have you been finding your treatment to be recently?

very convenient 6 5 4 3 2 1 0 very inconvenient

66. How flexible have you been finding your treatment to be recently?

very flexible 6 5 4 3 2 1 0 very inflexible

67. How satisfied are you with your understanding of your diabetes?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

68. Would you recommend this form of treatment to someone else with your kind of diabetes?

Yes, I would definitely recommend the treatment 6 5 4 3 2 1 0 No, I would definitely not recommend the treatment

69. How satisfied would you be to continue with your present form of treatment?

very satisfied 6 5 4 3 2 1 0 very dissatisfied

Please make sure that you have circled one number on each of the scales.

Thank you for completing this questionnaire.

