



**PLEASE BRING THIS COMPLETED
QUESTIONNAIRE WITH YOU TO YOUR ONE
YEAR MEASUREMENT APPOINTMENT**

The ADDITION *Plus* Study

ISRCTN No. 99175498

12 Months Questionnaire

Version 1: 03 June, 2003

This questionnaire asks about any changes that you may have made in your lifestyle *in the last 12 months* and includes an assessment of the service for diabetes that you have received. The questionnaire also asks about your opinions and views towards behaviour change *in the next 12 months* and your personal views about diabetes. You may have answered some of these questions on a previous occasion but we are interested in your current views.

Please try to answer every question, except when there is a specific request to skip a section. If you have any queries, please contact the ADDITION office on 01223 763491 or on addition@medschl.cam.ac.uk.

Please enter today's date:

Day

Month

Year

**Your answers will be treated as confidential and will
only be used for medical research**

Section A: Habit

This section asks about changes in physical activity or diet that you may have made *in the last 12 months*.

1. In the last 12 months, have you made any changes in the amount of physical activity that you do?

Yes

No

If Yes, please answer questions 2 to 14 before going on to question 15.

If No, please go straight to question 15.

2. If Yes, what is the most *important* change you've made?

.....

Now, thinking about the most *important* change you've made, please indicate how much you agree or disagree with the following statements by ticking the appropriate box.

Please put a tick (✓) on every line

This is something...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
3. ... I do frequently.					
4. ... I do automatically.					
5. ... I do without having to consciously remember.					
6. ... that makes me feel uncomfortable if I do not do it.					
7. ... I do without thinking.					
8. ... that would require effort <u>not</u> to do it.					
9. ... that belongs to my (daily, weekly, monthly) routine.					
10. ... I start doing before I realise I'm doing it.					
11. ... I would find hard <u>not</u> to do.					
12. ... I have no need to think about doing.					
13. ... that's typically 'me'.					
14. ... I have been doing for a long time.					

15. In the last 12 months, have you made any changes in your diet?

Yes

No

If Yes, please answer questions 16 to 28 before going on to Section B.

If No, please go straight to Section B.

16. If Yes, what is the most *important* change you've made?

.....

Now, thinking about the most *important* change you've made, please indicate how much you agree or disagree with the following statements by ticking the appropriate box.

Please put a tick (✓) on every line

This is something...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
17. ... I do frequently.					
18. ... I do automatically.					
19. ... I do without having to consciously remember.					
20. ... that makes me feel uncomfortable if I do not do it.					
21. ... I do without thinking.					
22. ... that would require effort <u>not</u> to do it.					
23. ... that belongs to my (daily, weekly, monthly) routine.					
24. ... I start doing before I realise I'm doing it.					
25. ... I would find hard <u>not</u> to do.					
26. ...I have no need to think about doing.					
27. ... that's typically 'me'.					
28. ... I have been doing for a long time.					

Section B: Skills

This section asks about skills that you may have used *in the last 12 months* to try to change your lifestyle or take your medicines as prescribed.

1. (a) How confident are you that you know *how to deal with any concerns* about your diabetes? *Please circle one number.*

Not at all confident											Very confident
1	2	3	4	5	6	7	8	9	10		10

(b) Have you used this skill in the last 12 months?
Please circle yes or no.

Yes No

2. (a) How confident are you that you know *how to set yourself achievable goals*?

Not at all confident											Very confident
1	2	3	4	5	6	7	8	9	10		10

(b) Have you used this skill in the last 12 months to try to increase your physical activity?
Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?
Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?
Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

3. (a) How confident are you that you know *how to make a specific action plan*?

Not at all confident											Very confident
1	2	3	4	5	6	7	8	9	10		

(b) Have you used this skill in the last 12 months to try to increase your physical activity?

Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?

Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?

Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

4. (a) How confident are you that you know *how to use prompts or reminders*?

Not at all confident											Very confident
1	2	3	4	5	6	7	8	9	10		

(b) Have you used this skill in the last 12 months to try to increase your physical activity?

Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?

Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?

Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

5. (a) How confident are you that you know *how to motivate yourself to maintain the changes in your lifestyle?*

Not at all confident											Very confident
1	2	3	4	5	6	7	8	9	10		

(b) Have you used this skill in the last 12 months to try to increase your physical activity?
Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?
Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?
Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

6. (a) How confident are you that you know *how to get support from your family, friends or colleagues?*

Not at all confident											Very confident
1	2	3	4	5	6	7	8	9	10		

(b) Have you used this skill in the last 12 months to try to increase your physical activity?
Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?

Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?

Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

7. (a) How confident are you that you know *how to record or monitor your progress*?

Not at all
confident

1 2 3 4 5 6 7 8 9 10

Very
confident

(b) Have you used this skill in the last 12 months to try to increase your physical activity?

Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?

Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?

Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

8. (a) How confident are you that you know *how to review your goals* to see if they need to be changed?

Not at all
confident

1 2 3 4 5 6 7 8 9 10

Very
confident

(b) Have you used this skill in the last 12 months to try to increase your physical activity?

Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?

Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?

Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

9. (a) How confident are you that you know *how to prepare for and deal with setbacks* that may occur when trying to change your behaviour?

Not at all
confident

1 2 3 4 5 6 7 8 9 10

Very
confident

(b) Have you used this skill in the last 12 months to try to increase your physical activity?

Please circle yes or no.

Yes No

(c) Have you used this skill in the last 12 months to try to eat a lower fat diet?

Please circle yes or no.

Yes No

(d) Have you used this skill in the last 12 months to try to stop smoking?

Please circle yes, no, or not applicable.

Yes No N/A

(e) Have you used this skill in the last 12 months to try to take your medicines regularly as prescribed? *Please circle yes, no, or not applicable.*

Yes No N/A

Section C: **Diabetes and Your Current Health**

«StudyNo»

We are also interested in your own personal views about diabetes. Please indicate how much you agree or disagree with the following statements about diabetes by ticking the appropriate box.

Please put a tick (✓) on every line

	VIEWS ABOUT YOUR DIABETES	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	My diabetes is a serious condition					
2.	My diabetes has major consequences on my life					
3.	My diabetes does not have much effect on my life					
4.	My diabetes strongly affects the way others see me					
5.	My diabetes has serious financial consequences					
6.	My diabetes causes difficulties for those who are close to me					
7.	There is very little that can be done to improve my diabetes					
8.	My treatment will be effective in curing my diabetes					
9.	The negative effects of my diabetes can be prevented (avoided) by my treatment					
10.	My treatment can control my diabetes					
11.	There is nothing which can help my condition					

12. In general would you say your health is: (Please tick one box)

Excellent

Very Good

Good

Fair

Poor

Please read each of the 6 statements below and then tick the most appropriate box for each statement to indicate how you feel right now, at this moment.

Please put a tick (✓) on every line

RIGHT NOW:	Not at all	Somewhat	Moderately	Very much
13. I feel calm				
14. I am tense				
15. I feel upset				
16. I am relaxed				
17. I feel content				
18. I am worried				

We are interested in your views about making changes to your lifestyle (physical activity, diet, smoking) and about taking medicines, *in the next 12 months*. Please indicate how much you agree or disagree with **each** of the following statements by ticking the appropriate box.

PHYSICAL ACTIVITY

Please put a tick (✓) on every line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I am confident that I could be more physically active in the next 12 months, if I wanted to					
2. It would be difficult for me to be more physically active in the next 12 months even if I wanted to					
3. If I was more physically active in the next 12 months, it is likely that my health would improve					
4. If I was more physically active in the next 12 months, it is likely that I would lose weight					
5. I intend to be more physically active in the next 12 months					
6. It is likely that I will be more physically active in the next 12 months					

DIET

Please put a tick (✓) on every line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
7. I am confident that I could eat a lower fat diet in the next 12 months, if I wanted to					
8. It would be difficult for me to eat a lower fat diet in the next 12 months even if I wanted to					
9. If I did eat a lower fat diet in the next 12 months, it is likely that my health would improve					

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
10. If I did eat a lower fat diet in the next 12 months, it is likely that I would lose weight					
11. I intend to eat a lower fat diet in the next 12 months					
12. It is likely that I will eat a lower fat diet in the next 12 months					

TAKING MEDICINES

13. Are you taking any medicines (tablets) prescribed by your doctor? Yes

No

If Yes, please answer questions 14 to 18 before going to question 19.

If No, please go straight to question 19.

Please put a tick (✓) on every line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
14. I am confident that I could take all my medicines regularly as prescribed in the next 12 months, if I wanted to					
15. It would be difficult for me to take all my medicines regularly as prescribed in the next 12 months even if I wanted to					
16. If I were to take all my medicines regularly as prescribed in the next 12 months, it is likely that my health would improve					
17. I intend to take all my medicines regularly as prescribed in the next 12 months					
18. It is likely that I will take all my medicines regularly as prescribed in the next 12 months					

SMOKING

19. Do you smoke?

Yes

No

If Yes, please answer questions 20 to 24 before going to question 25.

If No, please go straight to question 25.

Please put a tick (✓) on every line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
20. I am confident that I could stop smoking completely in the next 12 months, if I wanted to					
21. It would be difficult for me to stop smoking completely in the next 12 months even if I wanted to					
22. If I stopped smoking completely in the next 12 months, it is likely that my health would improve					
23. I intend to stop smoking completely in the next 12 months					
24. It is likely that I will stop smoking completely in the next 12 months					

Please put a tick (✓) on every line

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
25. If I was able to follow a healthy lifestyle for at least 12 months, it is likely that my health would improve in the short term					
26. If I was able to follow a healthy lifestyle for at least 12 months, it is likely that my health would improve in the long term					

Section E: Facilitator Assessment

Please rate the following statements about the consultations you have had with your lifestyle facilitator over the last year. Please tick one box for each statement and answer every statement.

<i>How was the lifestyle facilitator at.....</i>	Poor	Fair	Good	Very Good	Excellent
1. Making you feel at ease..... <i>(things like being friendly and warm towards you, treating you with respect; not cold or abrupt)</i>					
2. Letting you tell your “ story” <i>(giving you time to fully describe your illness in your own words; not interrupting or diverting you)</i>					
3. Really listening <i>(paying close attention to what you were saying; not looking at the notes or computer as you were talking)</i>					
4. Being interested in you as a whole person <i>(asking/knowing relevant details about your life, your situation; not treating you as “just a number”)</i>					
5. Fully understanding your concerns..... <i>(communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)</i>					
6. Showing care and compassion..... <i>(showing genuine concern and caring; connecting with you on an emotional or “human” level; not being indifferent or “detached”)</i>					
7 . Being Positive..... <i>(having a positive approach and attitude; being honest but not being negative about your problems)</i>					
8. Explaining things clearly..... <i>(answering your questions clearly, giving you adequate information; not being vague)</i>					
9. Helping you to take control..... <i>(exploring with you what you can do to improve your health yourself, encouraging rather than “lecturing” you)</i>					
10. Making a plan of action with you ... <i>(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</i>					

Comments

We are very interested to hear your opinions of the service that you have received for your diabetes *in the last 12 months*. Your feedback is valuable to us. It will help us to improve the service further.

Please answer all the questions by circling the number that best describes your opinion.

1. Thinking about the *number of consultations* you have had with your GP, the practice nurse and (if applicable) the lifestyle facilitator, would you say that there were too many, not enough, or about the right number?

Too many	Not enough	About the right number
1	2	3

2. Thinking about the *total amount of contact time* you have had with your GP, the practice nurse and (if applicable) the lifestyle facilitator, would you say this was

Too much	Not enough	About right
1	2	3

3. Thinking about the *information and advice* you were given by these people, how useful did you find it?

	Not at all useful	Fairly useful	Very useful
(a) Information about what diabetes is	1	2	3
(b) Information about the causes of diabetes	1	2	3
(c) Information about the complications of diabetes	1	2	3
(d) Advice on how to change your lifestyle	1	2	3
(e) Advice on how to maintain these changes	1	2	3

4. Overall, how *useful* have you found the service you have received for diabetes?

Not at all useful	Fairly useful	Very useful
1	2	3

5. How *satisfied* are you with the service you have received for diabetes?

Very dissatisfied	Fairly dissatisfied	Fairly satisfied	Very satisfied
1	2	3	4

6. Are there any ways in which you think the service for diabetes could be improved?

Yes	No
1	2

If Yes, please write down your suggestions:

Thank you for completing this questionnaire