



**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**

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: 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					

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					

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