

**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:

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Day

Month

Year

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

Section A: Habit

«StudyNo»

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. | | | | | |

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 |
| <input type="checkbox"/> |

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 | | | | | |

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