

OK-Diabetes:

Looking after yourself when you have diabetes – A research project



UNIVERSITY OF LEEDS

- Phase II
- Person with Diabetes Baseline Booklet

The questions in this booklet are for the Study Researcher to ask the Person. Instructions for the **Study Researcher** are given below each question (in italics) to aid completion.

The Study Researcher may expand or re-phrase any of the questions if they feel this would aid completion or understanding of the question **with the exception of** the health related quality of life questions which must be read as printed on the questionnaire.

Person Initials	<input type="text"/>
Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Phase I ID	<input type="text"/>
NHS Number	<input type="text"/>

Please record here the date and time you start asking the questions in this booklet:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hours	Minutes
<input type="text"/>	<input type="text"/>

(Please use 24 hr clock)

Finish time:

Hours	Minutes
<input type="text"/>	<input type="text"/>

Who was present at the interview?
(Please tick all that apply)

- Consented Supporter
- Family member or friend
- Paid supporter
- Only the Person in the trial
- Other, specify

Name of Researcher completing interview



1. Person with Diabetes Details

Supporter Details

1a. In your day-to-day life is there someone who helps / supports you with your diabetes? Yes No Don't know

If yes, who is the MAIN person who helps you?

- Immediate family (Mother/father/brother/sister)
- Grown-up child of person
- Other family member (Aunt/uncle/cousin/grandparent)
- Partner/husband/wife
- Friend
- Paid supporter → Who pays for them?
- Other relationship → Please specify

1b. Do they live with you? Yes No

1c. Is there anyone who helps you with shopping and cooking? Yes No Don't know

If yes, who is the MAIN person who helps you?

- Same as above
- Immediate family (Mother/father/brother/sister)
- Grown-up child of person
- Other family member (Aunt/uncle/cousin/grandparent)
- Partner/husband/wife
- Friend
- Paid supporter → Who pays for them?
- Other relationship → Please specify

1d. Do they live with you? Yes No

Other Person with Diabetes

1e. Do you have regular contact with someone who has diabetes? Yes No Don't know

If yes, who?

- Same as above
- Immediate family (Mother/father/brother/sister)
- Grown-up child of person
- Other family member (Aunt/uncle/cousin/grandparent)
- Partner/husband/wife
- Friend
- Paid supporter → Who pays for them?
- Other relationship → Please specify

1f. Do you regularly attend a day centre, club, organisation, evening event, voluntary work or volunteer project? Yes No Don't know

If yes, please detail below:

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Date	Initials	Date	Initials

1. Person with Diabetes Details (Continued)

Exercise

1g. Do you do any exercise? Yes No

If yes, is this below national guidelines? Yes No

EXERCISE GUIDELINES:

- At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, OR
- 75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity such as running or a game of singles tennis every week, OR
- An equivalent mix of moderate- and vigorous-intensity aerobic activity every week (for example 2, 30-minute runs plus 30 minutes of fast walking),
and
- Muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms)

2. Service Use

2a. In the last 4 weeks, have you used any of the services below?

Please tick 'yes' or 'no' for each line. If the person you are interviewing can't remember or doesn't know please tick 'don't know'. If the person you are interviewing answers 'yes' to any please ask how many times they have used the service and record it where indicated below.

	Yes	No	Don't know	Number of times
1. Saw GP at the surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Saw GP at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Phoned GP for advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Saw a nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Phoned a nurse for advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Got a repeat prescription (without seeing doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Got meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Home help came around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Saw social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2b. If you went to see the GP or nurse in the last 4 weeks, how did you get there?

Please tick all that apply. Name the main mode of transport (for example, if the person you are interviewing walked to the bus stop and then got the bus then tick bus). If the person you are interviewing you can't remember or doesn't know please tick 'don't know'. If you ticked other please specify in the box underneath the table.

I walked all the way	I got the bus	I got the train	I got a lift from a friend or family member	I drove myself	I got a taxi	I got a minibus	Other	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other mode of transport

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2. Service Use (Continued)

2c. In the last four weeks have you been to hospital?

Please tick 'yes' or 'no' for each line. If the person you are interviewing can't remember or doesn't know please tick 'don't know'. If you the person you are interviewing answers 'yes' to any please ask how many times they have used the service and record it where indicated below.

	Yes	No	Don't know		
1. Been to accident and emergency (casualty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total number of visits:	
2. Stayed in hospital overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total number of nights:	
3. Had a hospital appointment but didn't stay overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total number of appointments:	

2d. If you went to the hospital in the last 4 weeks, how did you get there?

Please tick all that apply. Name only the main mode of transport (for example, if the person you are interviewing walked to the bus stop and then got the bus then tick bus). If the person you are interviewing can't remember or doesn't know please tick 'don't know'. If you ticked other please specify in the box underneath the table.

I walked all the way	I got the bus	I got the train	I got a lift from a friend of family member	I drove myself	I got a taxi	I got a minibus	Other	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other mode of transport

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	<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>

3. Employment & Accommodation

3a. Which of the following best describes your **current** situation?

Please tick only one box. We are interested in which category **best** describes the person you are interviewing's employment situation. The first two boxes relate only to **paid** employment. If they are in paid employment but currently on sick leave please complete one of the first two boxes.

If you feel that none of the categories are applicable please tick other and write a short description in the box underneath the table.

Working full time (30 hours or more per week)	<input type="checkbox"/>
Working part time (less than 30 hours per week)	<input type="checkbox"/>
Unemployed and looking for work	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>
Job training/apprentice	<input type="checkbox"/>
Student	<input type="checkbox"/>
At home and not looking for work (for example, looking after family)	<input type="checkbox"/>
At home, unable to work (for example, due to sickness or disability)	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Other	<input type="checkbox"/>

Other employment situation

3b. Have you been off work because you were sick in the last 4 weeks?

- Yes
 No
 Don't know

Only ask this question if the person you are interviewing has indicated in question 3a that they are in paid work. If the participant can't remember or doesn't know if they were off sick in the last 4 weeks please tick 'don't know'

3c. If you have been off work due to sickness in the last 4 weeks, how long were you off work for?

Total number of days Don't know

Only ask this question if the person you are interviewing has indicated in question 3a that they are in paid work. If the participant can't remember or doesn't know if they were off sick in the last 4 weeks please tick 'don't know'

3d. What kind of accommodation do you live in at the moment?

Please tick only one box. If you feel that none of the categories are applicable please tick other and write a short description in the box underneath the table.

Domestic housing (for example, house or flat)	Sheltered housing	Residential home	Nursing home	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other accommodation

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	Date Initials	Date Initials

4. Food

4a. Can you tell me what you had to eat yesterday?

Please write the person you are interviewing's answer in each mealtime box (for example, cereal, toast in the box marked breakfast, cheese sandwich in the box marked lunch). Please also record drinks (for example, a can of coke). If he/she skipped any of the meals below please record 'not eaten' If he/she can't remember what they ate for a particular meal time please record 'don't know' in the appropriate box.

Day of the week this answer refers to. (please tick one box):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Breakfast	
Lunch	
Dinner/tea	
Supper	
Snacks	
Drinks (for example, 2 cans of coke, 1 can of beer)	

4b. Was what you had to eat yesterday typical of a usual day?

Please tick only one box. If the person you are interviewing doesn't know or can't remember please tick 'don't know'

- Yes
 No
 Don't know

4c. If it wasn't typical was it more than you would usually eat or less?

Please tick only one box. If the person you are interviewing doesn't know or can't remember please tick 'don't know'. Please record below the reason why their food intake wasn't typical (for example, 'I wasn't feeling well so didn't eat much' or 'I went out to a party' in the box below

- More
 Less
 Don't know

Reason

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	<i>Date</i> <i>Initials</i>	<i>Date</i> <i>Initials</i>



Health Questionnaire

English version for the UK

(Validated for Ireland)

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

Mobility

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

Self-Care

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

Usual Activities (e.g. 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

Pain / Discomfort

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

Anxiety / Depression

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

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

100

90

80

70

60

50

40

30

20

10

0

Worst imaginable health state

5. Your Health-Related Quality of Life (Continued)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

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This is the end of the questionnaire for the Person in the trial.

If the person you are interviewing doesn't have a friend or family member supporter or that person is not present then the questionnaire is complete.

As the person administering the questionnaire please complete the section at the end of the questionnaire.

For office use only	Computerised		Verified/Checked	
	Date	Initials	Date	Initials

6. Supporter Questions

6a. It would be very useful to us to have some information from a **family member or friend who helps you the most**. We have some questions for them about the help they give you and about their health.

Please answer the question below:

I do not want them to be asked the questions	<input type="checkbox"/>
I am happy for them to be asked the questions and they have agreed to be involved	<input type="checkbox"/>
I am happy for them to be asked the questions but they have decided not to be involved	<input type="checkbox"/>

Please remember that all the questions you or your family member/friend complete are confidential and will only be used for the OK-Diabetes study

If the 'supporter' questionnaire is not completed which of the following statements best describes the support of the person in the trial?

Has a friend or family member who supports them, but the supporter is not present	<input type="checkbox"/>
Does not have a supporter	<input type="checkbox"/>
Is supported by a paid carer	<input type="checkbox"/>

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	<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>

7. Booklet Completion – Person

In the box below can you, the Study Researcher, record whether the person you interviewed (the Person) found any of the questions difficult to answer and whether their supporter (if applicable) helped with the answers or recall? There is a column for any other comments about the questionnaire you might like to add.

		Difficulty			Did Supporter help with recall/answer?			Comments
		No difficulty	Some difficulty	Extreme difficulty	Yes	No	N/A*	
1a	Recall of supporter for help with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1c	Recall of supporter for cooking & shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1e	Recall other person with diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1f	Recall of club / event / volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1g	Recall of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2a	Recall of services used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2b	Recall of mode of travel to GP/nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2c	Recall of hospital visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2d	Recall of mode of travel to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3a	Current employment situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3b	Recall of time off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3c	Recall of number of days off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3d	Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4a	Recall of food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4b	Recall of usual intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4c	Explanation of unusual food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5a	EQ-5D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5b	General health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5c	PHQ-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Supporter questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***No Supporter**

For office use only	Computerised		Verified/Checked	
	Date	Initials	Date	Initials