

Baseline Booklet



UNIVERSITY OF LEEDS

OK-Diabetes:

Looking after yourself when you have diabetes – A research project

To be completed by the Researcher at the baseline interview, following consent.

To be accompanied by laminated TOPIC GUIDE to give to participant.

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



1. Person with Diabetes Details

Date of Birth

1a. What is your date of birth?

Day			Month			Year		

First Language

1b. What language do you prefer speaking in?

E.g. English, Urdu, French, Mirpuri

- | | | |
|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Bengali | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Polish | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Mirpuri | <input type="checkbox"/> Russian | <input type="checkbox"/> Other language, please specify |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Arabic | <input type="text"/> |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Farsi | |

Ethnicity

1c. How would you describe your ethnicity or your family background?

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Black – Caribbean |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> Black – African |
| <input type="checkbox"/> Mixed – White and Black African | <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Other Black background |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other mixed background | | <input type="checkbox"/> Other ethnic group |
| | | <input type="checkbox"/> Not stated |

Living Arrangements

1d. Do you live with anyone? Yes No

If yes, what relationship do they have to you?

(Tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Immediate family <i>(mother/father/brother/sister/child)</i> | <input type="checkbox"/> Paid supporter |
| <input type="checkbox"/> Extended family <i>(aunt/uncle/cousin/grandparent)</i> | <input type="checkbox"/> Shared house |
| <input type="checkbox"/> Partner/husband/wife | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Friend | <input type="text"/> |

1e. What sort of household do you live in?

- | | |
|---|---|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Supported Home (own flat) staff present/on call 24/7 |
| <input type="checkbox"/> Family home with family present | <input type="checkbox"/> Temporary accommodation <i>(hostel/hotel)</i> |
| <input type="checkbox"/> Shared home (own room) with housemates and regular support | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Shared home (own room) with staff 24/7 | <input type="text"/> |

1f. Do you have a mobile phone? Yes No

If yes, is it a smart phone? Yes No Don't know

1g. Do you go on the internet? Yes No Don't know

1h. Do you have someone who helps you go on the internet? Yes No Don't know

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2. Person with Diabetes Details (Continued)

Employment Status

2a. Do you have a job? Yes No

If **yes**, do you get money for it? Yes No
(Versus voluntary)

Note some people pay to be in work schemes

How often do you go? Part time
 Full time

Supporter Details

2b. 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
- Extended family *(Aunt/uncle/cousin/grandparent)*
- Partner/husband/wife
- Friend
- Paid supporter → Who pays for them?

Other relationship → Please specify

2c. Do they live with you? Yes No

2d. 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
- Extended family *(Aunt/uncle/cousin/grandparent)*
- Partner/husband/wife
- Friend
- Paid supporter → Who pays for them?

Other relationship → Please specify

2e. Do they live with you? Yes No

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3. Medication

3a. When did you find out you had diabetes? Less than 6 months ago
 6 months – 2 years ago
 More than 2 years ago

3b. Do you take any tablets for your diabetes? Yes No
If yes, how do you feel about that? Generally happy
 Generally unhappy

3c. Do you inject anything for your diabetes? Yes No
If yes, how do you feel about that? Generally happy
 Generally unhappy

If the answer is no for 3b and 3c, skip to question 4

3d. How often would you say you miss taking your medicine?
 Most days
 Once a week or more
 Less than once a week
 Never
 Other, please specify

3e. **If missed**, why did you miss your medicine?
(Tick all that apply)

Tablets

- Forgot/too busy
- Don't like the taste
- Don't like swallowing it
- Don't think I need it
- Don't know why I'm taking it
- Can't remember why
- Didn't get prescription
- Other, please specify

Injection

- Forgot/too busy
- Don't think I need it
- Don't know why I'm taking it
- Can't remember why
- Didn't get prescription
- Pain/discomfort
- Other, please specify

3f. How often are you supposed to take them?
(Tick one only)

Tablets

- Once a day
- Twice a day
- 3 times a day
- Once a week
- Diet-controlled
- Other, please specify

Injection

- Once a day
- Twice a day
- Once a week
- Diet-controlled
- Other, please specify

3g. What is your routine to take your tablets/injections?
(Tick all that apply)

Tablets

- Prompted by supporter
- Have poster/sign to jog memory
- Set an alarm
- Receive a reminder off someone else
- Linked to another activity
- Other, please specify

Injection

- Prompted by supporter
- Have poster/sign to jog memory
- Set an alarm
- Receive a reminder off someone else
- Linked to another activity
- Other, please specify

3h. How do you get your medication?
 Prescription delivered
 Someone else collects prescription
 I collect
 Other, please specify

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4. Diabetes Care

There are other things that some people with diabetes might do. I want to ask you about those now.

Blood Sugar

4a. Have you been told you need to check your blood sugar? Yes No Don't know

[Use image of blood sugar test from easy on the i]

If **yes**, how often do you check?

Everyday
 Some days
 Never
 Don't know

Feet

4b. Have you been told you need to check your feet to see if they are healthy? Yes No Don't know

If **yes**, how often **should** you check?

Everyday
 Some days
 Never
 Don't know

How often do you **actually** check?

Everyday
 Some days
 Never
 Don't know

Smoking

4c. Do you smoke? Yes No

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5. Diabetes Care (Continued)

5a. Who do you see about your diabetes?
(Tick all that apply)

- Doctors surgery doctor
- Doctors surgery nurse
- Hospital doctor/consultant
- Hospital Nurse
- Podiatrist
- Retinal screening
- Community LD team
- Other, please specify

5b. When you see someone about your diabetes do you ever have difficulty attending your appointments? Yes No Don't know

If yes, why?
(Tick all that apply)

- Transport
- Location
- Forgot
- Too busy
- Timings
- Behavioural/emotional
- Trouble getting an appointment at GPs
- Financial
- Other, please specify

5c. Do you take someone with you when you go to see the doctor/nurse? Yes No Sometimes Don't know

5d. Do you have anything that tells you about your health that you take to your diabetes appointments?
(E.g. Health Action Plan/Health passport) Yes No Don't know

6. Future Research

- Show person the timeline and say there is a next step
- Ask them if they would be interested in knowing about the next step

6a. Would you like help looking after your diabetes? Yes No Don't know

6b. Would you (and supporter if applicable) be willing to be contacted in future about some more research we're doing? Yes No

If yes, please complete the Contact Details form to ensure we have the correct information

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7. Food

7a. Do you have access to a kitchen? Yes No Don't know

7b. REAPS (Rapid Eating Assessment for Participants – Shortened Version)

CJSegal-Isaacson, EdD RD, Judy-Wylie-Rosett, EdD RD, Kim Gans, PhD, MPH

How often do you:	Usually/ Often	Some- times	Rarely/ Never	N/A
1. Skip breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Eat 4 or more meals in a week that are takeaways, eat out meals or ready meals / pre-prepared frozen meals (not diet meals)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Eat less than 2 servings of whole grain products or high fibre starches a day? Serving = 1 slice of 100% whole grain bread; 1 cup whole grain cereal like Shredded Wheat, Wheaties, Fruit and Fibre, high fibre cereals, oatmeal, 3–4 whole grain crackers, ½ cup brown rice or whole wheat pasta, boiled or baked potatoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Eat <u>less than 2 pieces</u> of fruit a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Eat <u>less than 2 servings</u> of vegetables a day? Serving = ½ cup vegetables, or 1 cup leafy raw vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Eat or drink <u>less than 2 servings</u> of milk, yogurt, or cheese a day? Serving = 1 cup milk or yogurt; 1½–2 ounces cheese.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Eat <u>more than 8 ounces</u> (see sizes below) of meat, chicken, turkey or fish <u>per day</u> ? Note: 3 ounces of meat or chicken is the size of a deck of cards or ONE of the following: 1 regular hamburger, 1 chicken breast or leg (thigh and drumstick), or 1 pork chop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Eat salami, corned beef, hotdogs, sausage or bacon in a typical week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Eat <u>fried foods</u> such as fried chicken, fried fish, French fries, samosa, pakora, or onion bajji in a typical week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Eat crisps, doritos, crackers, regular popcorn, nuts in a typical week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Add butter, margarine, ghee or oil</u> to bread, potatoes, rice, vegetables, a chappati / roti / parrata at the table in a typical week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Eat sweets like cake, cookies, jalabi, rasmalai, gulab jaman, pastries, donuts, muffins, chocolate and sweets more than 2 times per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. <u>Drink one can or more</u> of non-diet soda, fruit drink / punch, Coke, Lucozade, Rubicon, lassi or other fizzy drink a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. <u>Drink one can or more</u> of diet soda a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Drink more than your recommended units of alcohol in a week? Note: Men = 28 units, 3–4 a day e.g. 2 pints normal beer or 1 pint Stella. Women = 21 units, 2–3 a day e.g. 1 pint or 1 medium wine, 2 gin and tonic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes		No	
16. Do you or a member of your family/supporter shop and cook rather than eating out or getting a takeaway?	<input type="checkbox"/>		<input type="checkbox"/>	
17. Do you usually feel well enough to shop or cook?	<input type="checkbox"/>		<input type="checkbox"/>	

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7. Food (Continued)

- 7c. When you buy food do you read the information on the back? Yes No Don't know
- If yes, do you understand what it tells you? Yes No Don't know
- 7d. How do you feel about what you eat? I want to keep eating the same
 I want to change what I eat a bit
 I want to change what I eat a lot
- 7e. How do you feel about your weight? I want to stay the same weight
 I want to lose some weight
 I want to put some weight on

8. Physical Activity

- 8a. Do you do any exercise? Yes No
(USE EXERCISE IMAGES)
- If yes, how often do you do any exercise? Every day
 Each week
 Some weeks
 Never
 Don't know

What exercise do you do for more than 10 minutes?

Exercise	Every day	Some days	Never	Notes (duration/intensity)
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 8b. Do you think you do enough exercise? Yes No
- 8c. How hard/easy do you find doing exercise? Hard
 OK
 Easy

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9. General Health

9a. How well do you feel most of the time? Well and healthy all of the time [1]
 Well/healthy most of the time [2]
[Use scale and HEALTH IMAGE CARDS 1-4] Poorly sometimes [3]
 Poorly most of the time [4]

9b. Do you have any problems walking? No
 Some
 Wheelchair user

9c. Do you have anything else that makes you poorly (not diabetes)? Yes No Don't know

If yes, what?
(Tick all that apply)

- Epilepsy
- Asthma
- Mental health problems / Depression
- Partially sighted
- Cardiovascular illness
(including hypertension, CHD, IHD, CVD)
- COPD
- Stroke
- Hypothyroidism
- Chronic kidney disease
- Other, please specify

Don't know

Do you take any medication for that? Yes No Don't know

9d. Have you been told you should have your teeth and gums checked regularly? Yes No Don't know

9e. Do you go to the dentist regularly (i.e. at least once a year)? Yes No Don't know

9f. Do you have any problems with your teeth and gums? Yes No Don't know

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

10. Final Questions

- 10a. Overall, how do you feel about having diabetes?
- Generally fine
 - Not bothered
 - Generally unhappy
 - Worried
 - Don't know

I've asked you a lot about your physical health, now I'd like to ask you about your mood.

- 10b. I feel miserable and sad:
- Yes, definitely
 - Yes, sometimes
 - No, not much
 - No, not at all

- 10c. I still enjoy the things I used to:
- Yes, definitely
 - Yes, sometimes
 - No, not much
 - No, not at all

	Hard	Easy	Neutral	Don't know	N/A
10d. Finally I want to ask you how well you feel you do some things or if you find them hard (it's ok if you find them hard)					
Taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to diabetic appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating healthily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Thinking about the questions I've asked you, were they:
- Easy
 - OK
 - Hard
 - Don't know

12. Thinking about how long it took to ask my questions, was it:
- Too long
 - OK
 - Too short
 - Don't know

Questions for the Researcher

13. To what extent did the person answer the questions themselves?
- Able to answer all or nearly all of the questions without help
 - Able to answer some questions unassisted, needing help from supporter for others
 - Unable to provide answers to most questions unless helped by supporter
 - Other, specify

14. Total time taken to complete the baseline booklet
- | | |
|-------|---------|
| Hours | Minutes |
| : | : |

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