

Self-Care Practices and Associated Factors Among Type 2 Diabetes Mellitus Patients Attending Public Hospitals in Bale Zone, Oromia Region, Ethiopia.

Questionnaire

Unique Number _____

Questionnaire (**English Version**)

PART I:- Socio-Demographic Characteristics

S.no	Questions	Possible response	Remark
Q101	Age (in years)	_____years	
Q102	Sex	Male 2. Female	
Q103	Marital Status	Single 2. Married 3. Divorced 4. Widowed	
Q104	Educational Status	1. Not able to read and write 2. Able to read and write only 3. Primary education /1-8/ 4. Secondary education /9-12/ 5. Above grade 12	
Q105	Occupation	1. Governmental employee 2. Private employee 3. Merchant 4. Housewife 5. Farmer 6. Daily laborer 7. Student 8. Other Specify	
Q106	Economic status(monthly income)	----- birr	
PART II –Clinical and other factors related to diabetes			

No	Questions	Possible responses	Remark
Q201	How long you have been diagnosed with diabetes Mellitus	-----years	
Q202	Do you have any diabetic-related long-term complications?	Yes No	
Q203	If your answer is yes Q202 which type of complications do have? (multiple answers are possible)	Diabetic nephropathy Diabetic neuropathy Diabetic retinopathy Diabetic foot ulcer Diabetic-related heart disease Others(specify)	
Q204	Have you ever diabetic health education about diabetes self-care	Yes No	
Q205	If your answer is yes to Q204 from where did you set health education	Doctors(others health personal) Mass media Friends or family Others(specify)	
Q206	Are you a member of the diabetic association	Yes No	

PART III – Self-care Knowledge Questionnaire

Modifiable lifestyle (standard..Diabetes knowledge test questionnaire 18 items)

No	Questions	Possible responses		Remark
		Yes	No	
Q301	Are you aware of the importance of maintaining a balanced diet for overall health and wellness?			
Q302	Do you understand the significance of regular physical activity in improving your lifestyle?			
Q303	Are you knowledgeable about the adverse effects of smoking and the benefits of quitting?			
Q304	Do you know the recommended guidelines for alcohol consumption and the potential risks of excessive drinking?			
Q305	Are you aware of the impact of stress on your health and the importance of stress management techniques?			
Q306	Do you understand the importance of adequate sleep for your overall well-being?			
Q307	Are you knowledgeable about the benefits of maintaining a healthy body weight?			
Q308	Do you understand the risks associated with excessive sedentary behaviour and the importance of regular movement throughout the day?			
Q309	Are you aware of the significance of maintaining good oral hygiene for overall health?			
Q310	Do you understand the importance of regular health check-ups and screenings for early detection of potential health issues?			
Q311	Are you knowledgeable about the harmful effects of prolonged exposure to the sun and the importance of using sun protection?			
Q312	Do you understand the benefits of drinking an adequate amount of water and staying hydrated?			
Q313	Are you aware of the potential risks of excessive consumption of processed foods and the benefits of choosing whole, unprocessed foods?			
Q314	Do you understand the impact of excessive caffeine intake			

	on your health and the importance of moderation?			
Q315	Are you knowledgeable about the benefits of maintaining social connections and engaging in positive relationships?			
Q316	Do you know the importance of allocating time for relaxation and engaging in hobbies or activities you enjoy?			
Q317	Are you aware of the impact of excessive screen time on your physical and mental well-being?			
Q318	Do you understand the benefits of practising mindfulness and incorporating stress-reduction techniques into your daily life?			

Medication Adherence (8 risky item tool)

No	Questions	Possible responses		Remark
		Yes	No	
Q319	Do you sometimes forget to take your diabetes pills?			
Q320	People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your medicine?			
Q321	Have you ever cut back or stopped taking your medicine without telling your doctor because you felt worse when you took it?			
Q322	Are you sometimes when you travel or leave home, in a hurry and forget to take your diabetes medication?			
Q323	. Did you take all your medicine yesterday?			
Q324	When you feel like your symptoms are under control do you sometimes stop taking your medicine?			
Q325	Taking medicine every day is a real inconvenience for some people, do you ever feel hassled about sticking to your treatment plan?			
Q326	How often do you have difficulty remembering to take all your medicine?			
A consequence of uncontrolled blood sugar level (4 items)				
Q327	If blood sugar is close to normal, a person with diabetes is likely to have more energy, feel less thirsty, and urinate less often			
Q328	Prolonged high blood sugar levels can cause eye problems or even blindness			
Q329	Prolonged uncontrolled blood sugar levels can cause heart attack, stroke, and kidney problem			

Q330	Shaking, confusion, behavioural change, and sweating are signs of high blood sugar			
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PART IV: SUMMARY OF DIABETES SELF-CARE ACTIVITIES QUESTIONNAIRE

The questions below ask you about your diabetes self-care activities during the past 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick.

Diet

S.no	Questions	Possible response	Remark
Q401	How many of the last seven days have you followed a healthy day's eating plan?	-----Number of Days	
Q402	On average, over the past month, how many DAYS PER WEEK have you followed you're eating plan?	-----Number of Days	
Q403	On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?	-----Number of Days	
Q404	On how many of the last seven days did you eat high-fat foods, such as red meat or full-fat dairy products?	-----Number of Days	
Q405	On how many of the last SEVEN DAYS did you space carbohydrates evenly through the day?	-----Number of Days	

Physical Activity

S.no	Questions	Possible response	Remark
Q406	On how many of the last seven days did you participate in at least 30 minutes of physical activity (total minutes of continuous activity, including walking)?	-----Number of Days	
Q407	On how many of the last seven days did you participate in a specific exercise session (such as swimming, walking, or working) other than what you do around the house or as part of your work?	-----Number of Days	

Blood Sugar Testing

S.no	Questions	Possible response	Remark
Q408	On how many of the last seven days did you test your blood sugar?	-----Number of Days	
Q409	On how many of the last seven days did you test your blood sugar the number of times recommended	-----Number of Days	

	by your healthcare provider?		
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Foot Care

S.no	Questions	Possible response	Remark
Q410	On how many of the last SEVEN DAYS did you check your feet?	-----Number of Days	
Q411	On how many of the last seven days did you inspect the inside of your shoes?	-----Number of Days	
Q412	On how many of the last seven days did you wash your feet?	-----Number of Days	
Q413	On how many of the last seven days did you soak your feet?	-----Number of Days	
Q414	On how many of the last seven days did you dry between your toes after washing?	-----Number of Days	

Medication

S.no	Questions	Possible response	Remark
Q415	On how many of the last seven days did you take your recommended diabetes medication?		
Q416	On how many of the last seven days did you take your recommended insulin injections?		
Q417	On how many of the last seven days did you take your recommended number of diabetes pills?		

Smoking

S.no	Questions	Possible response	Remark
Q418	Have you smoked a cigarette, even a puff, in the past seven days?	Yes No	

PART V: Self-Care Recommendations (Health Professionals Advice)

DIET MANAGEMENT seven

Which of the following has your healthcare team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply.

S.no	Recommendations (HQuestions	Possible response		Remark
		Yes	No	

1.1	Follow a low-fat eating plan			
1.2	Follow a complex carbohydrate diet			
1.3	Reduce the number of calories you eat to lose weight			
1.4	Eat lots of food high in dietary fibre			
1.5	Eat lots (at least 5 servings per day) of fruits and vegetables			
1.6	Eat very few sweets (for example, desserts, non-diet sodas, and candy bars)			
1.7	I have not been given any advice about my diet by my healthcare team			

PHYSICAL EXERCISE: Which of the following has your healthcare team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply.

S.no	Questions	Possible response		Remark
		Yes	No	
2.1	Get low-level exercise (such as walking) daily			
2.2	Exercise continuously for at least 20 minutes, at least 3 times a week			
2.3	Fit exercise into your daily routine (for example, take stairs instead of elevators, park a block away and walk, etc.)			
2.4	Engage in a specific amount, type, duration, and level of exercise			
2.5	I have not been given any advice about exercise by my healthcare team			

SUGAR LEVEL: Which of the following has your healthcare team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply

S.no	Questions	Possible response		Remark
		Yes	No	
3.1	Test your blood sugar using a drop of blood from your finger and a color chart			
3.2	Test your blood sugar using a machine to read the results			
3.3	Test your urine for sugar			

3.4	I have not been given any advice about my blood or urine sugar level by my healthcare team			
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SMOKING I have

S.no	Questions	Possible response		Remark
		Yes	No	
4.1	At your last doctor's visit, did anyone ask about your smoking status?			
4.2	If you smoke, at your last doctor's visit, did anyone counsel you about stopping smoking?			
4.3	Do not smoke. (Never smoke.)			
4.4	When did you last smoke a cigarette? never smoked			
4.5	smoke. When did you last smoke a cigarette? More than two years ago			
4.6	When did you last smoke a cigarette? One to two years ago			
4.7	When did you last smoke a cigarette? Four to twelve months ago			
4.8	When did you last smoke a cigarette? One to three months ago			
4.9	When did you last smoke a cigarette? Within the last month			
4.10	When did you last smoke a cigarette? Today			

I have completed the questions. Thank you very much!!!

