**NID: ----------**

# QUESTIONNAIRE

## PREVALENCE AND PREDICTORS OF SUBOPTIMAL GLYCEMIC CONTROL AMONG PATIENTS WITH TYPE 2 DIABETES MELLITUS ATTENDING PUBLIC HOSPITALS IN THE GREATER MALE' REGION, MALDIVES

**Blood glucose** □ Controlled □ Uncontrolled

**Part 1** General information

1.1 Age……...……. years

1.2 Sex □ Male □ Female

1.3 Educational level

□ Never attended school □ Primary school completed

□ Secondary school completed □ Higher secondary school completed

□ University degree

1.4 Marital status

□ Single □ Married □ Ever married

1.5 Occupation

□ Unemployed □ Government employee □ Self-employed

□ Agriculturist □ Fisherman □ Tourism

□ Construction □ Others (specify)----------

1.6 Income (per month) .....Rufiyaa

1.7 How many members are there in your family?

□ Only you □ 1-4 members □ 5-10 members □ More than 11 members

1.8 Living with □ Parents □ Husband/wife □ Daughter

□ Alone □ Others (specify)……...

**Part 2** Diabetic self-care

2.1 How do you check your blood glucose level?

□ Medical staff □ Yourself at home

2.2 How often do you check your blood glucose level?

□ Few times □ Everyday □ Weekly □ Monthly

2.3 How often do you miss appointment for your diabetes problem?

□ Never missed □ Sometimes □ All the time

2.4 Do you smoke cigarette?

□ No □ Ever □ Yes----------years (If **"Yes"** Please answer the question number 2.5)

2.5 On average, how many cigarettes do you smoke a day? ----------cigarette per day.

2.6 Have you ever consumed an alcoholic drink?

□ No □ Yes----------year (If **"Yes"** Please answer the question number 2.7)

2.7 How frequently have you had alcoholic drink?

□ 1-4 days/week □ 5-6 days/week □ Everyday □Monthly

2.8 How often do you exercise (involving moderate to vigorous activity such as jogging, bicycling, running, or swimming) per week?

□ Never □ 1-3 days/week □ 4-6 days/week □ Everyday

2.9 How many hours do you exercise a day?

□ Less than 30 minutes □ 30 minutes to 1 hour □ Over 1 hour

2.10 How many **meals** do you eat in a typical day? ---------- meals per day

2.11 How did you mainly get daily food? □ Self-cooking □ Buying

2.12 How much of your favorite food is prepared with cooking oil?

□ 1 Tablespoon □ 2 Tablespoons □ More than 3 tablespoons

2.13 How much of your favorite food is prepared with sugar?

□ 1 Tablespoon □ 2 Tablespoons □ More than 3 tablespoons

2.14 How often do you eat coconut milk-prepared meals at home?

□ Few times □ 1-3 days/week □ 4-6 days/week □ Everyday

2.15 How often do you eat sugary foods on a daily basis?

□ Never eat with sugar □ Sometimes □ All the time

2.16 Do you drink **tea** on regular basis?

□ No □ Yes (If **"Yes"** Please answer the question number 2.17)

2.17 On a typical day, how often do you drink **tea** with **sugar**?

□ Never drink with sugar □ Sometimes □ All the time

2.18 Do you drink **coffee** on regular basis?

□ No □ Yes (If **"Yes"** Please answer the question number 2.19)

2.19 On a typical day, how often do you drink **coffee** with **sugar**?

□ Never drink with sugar □ Sometimes □ All the time

2.20 Do you drink **juice** on regular basis?

□ No □ Yes (If **"Yes"** Please answer the question number 2.21)

2.21 On a typical day, how often do you drink **juice** with **sugar**?

□ Never drink with sugar □ Sometimes □ All the time

2.22 How much do you eat **fruit** each day?

□ Never □ ¼ of the plate □ More than ¼ of the plate

2.23 How much do you eat **vegetables** each day?

□ Never □ ¼ of the plate □ More than ¼ of the plate

2.24 Assessment of knowledge about diabetes prevention and control

| Items | True | False | Not sure |
|---|---|---|---|
| 1) If a parent has diabetes, then their children have a chance of developing diabetes. | | | |
| 2) Frequently urinating could be an early sign of diabetes. | | | |
| 3) People with diabetes are more likely to develop blindness | | | |
| 4) Eating too much sugar is not a risk factor for diabetes. | | | |
| 5) Being older than 30 years of age is a risk factor for diabetes. | | | |
| 6) Diabetes is not a risk factor for high blood pressure | | | |

| Items | True | False | Not sure |
|---|---|---|---|
| 7) Being overweight reduces the risk of developing diabetes. | | | |
| 8) Regular physical activity can reduce the risk of developing diabetes. | | | |
| 9) Diet control increases the risk of developing diabetes | | | |
| 10) Diabetes is curable | | | |

**Part 3** Clinical related

3.1 How long have you been diagnosed as diabetes_____ years

3.2 Do you have hypertension?

□ No □ Not sure □ Yes_____ years (If **"Yes"** Please answer the question number 3.3)

3.3 Do you take medication for **hypertension**? □ No □ Yes

3.4 Do you have kidney disease?

□ No □ Not sure □ Yes_____ years (If **"Yes"** Please answer the question number 3.5)

3.5 Do you take medication for **kidney disease**? □ No □ Yes

3.6 Family history of diabetes and hypertension

| History | Diabetes | | | Hypertension | | |
|---|---|---|---|---|---|---|
| | Yes | No | Not sure | Yes | No | Not sure |
| Father | | | | | | |
| Mother | | | | | | |
| Grandfather | | | | | | |
| Grandmother | | | | | | |

3.7 Physical examinations

Systolic blood pressure pressures ……mm/Hg……mm/Hg……mm/Hg

Diastolic blood pressure pressures ……mm/Hg……mm/Hg……mm/Hg

Weight ……...kg

Height ……....cm

Waistline circumference…….cm

Hip circumference……...cm

HbA1c……mg%

Total cholesterol level ……mg/dL

LDL level……...mg/dL

HDL level……...mg/dL

Triglyceride level ……mg/dL

3.8 Stress assessment (ST-5) Please indicate your experience within two weeks

**"No"** means no symptom experience

**"Sometime"** means 1-2 times/week experience symptoms

**"Often"** means 5-6 times/week experience symptoms

**"Regularly"** means 7 times/week experience symptoms

| Feeling | No | Sometime | Often | Regularly |
|---|---|---|---|---|
| 1. Within the last two weeks, did you feel any difficulty sleeping? | | | | |
| 2. Within the last two weeks, did you feel a lack of concentration? | | | | |
| 3. Within the last two weeks, did you feel Irritability? | | | | |
| 4. Within the last two weeks, did you feel bored? | | | | |
| 5. Within the last two weeks, I did not feel like going out and meeting people. | | | | |

**Part 4** Medication Related

4.1 Types of antidiabetic medication taking

□ Glibenclimide alone □ Metformin+Glibenclimide □ Insulin alone

□ Metformin + Insulin □ Metformin alone

□ Others (specify) …….

4.2 How often did you forget to take your diabetes medication in the last week?

□ Never □ 1-3 days/week □ 4-6 days/week □ Everyday

4.3 Did you forget to take your diabetes medication in the last month?

□ No □ Yes

4.4 Do you have any experiences or side effects from diabetes medication?

□ No □ Yes □ Not sure

**Part 5** Environmental factors

5.1 Who is the main financial supporter of your daily living expenses?

□ Parents □ Husband/wife □ Son □ Daughter

□ Yourself □ Others (specify)…….

5.2 Who financially supports and manages your food?

□ Parents □ Husband/wife □ Son □ Daughter

□ Yourself □ Others (specify)…….

5.3 Who is normally taking you to the hospital?

□ Parents □ Husband/wife □ Son □ Daughter

□ Yourself □ Others (specify)…….

5.4 How do you normally go to the hospital?

□ Motorcycle □ Car □ Bus □ By walk (If **"By walk** and **motorcycle**" no need to answer question number 5.5)

5.5 Who is paying for your transport while going to the hospital?

□ Parents □ Husband/wife □ Son □ Daughter

□ Pay yourself □ Others (specify)…….

5.6 Is there anyone who is helping you follow medical advice?

□ No □ Yes

5.7 How do you handle your medical expenses?

□ Aasandha □ Private insurance □ Pay yourself