Questionnaire for the Diabetes campaign Date:

□ post	□ Pre	Code:	Patient No. :
Health Center Name :			Patient Name

Please answer all the following questions by marking (√) in the appropriate places
Information about patient

Information about patient

1	What type of Diabetes you have?	□ Type 1	□Type II	□I don't Know		
2	Are you hypertensive?	□Yes	□No	□I don't know		
3	Do you Smoke?	□Yes	□No			

Drug Use

5	Do you think that there is cure for DM?	□Yes	□No	□Yes with life style	□I Don't know
6	Do you think diabetes can be controlled by medicine only?	□Yes	□No.	□I don't Know	
7	are committed to your medicine prescription	□Always	□Often	□Some times	□I don't know

General Knowledge about Diabetes

8	person is considered diabetic if the blood sugar is (after 8-12 hour fasting):	person is considered diabetic if the blood sugar is (after 8-12 hour fasting):	□100-125	□126 and above	□I don't know		
9	Postprandial-BG consider to be controlled if it's:	Postprandial-BG consider to be controlled if it's:	□Less or equal 180	□None of the mention	□I don't know		
10	diabetes Symptoms are:	diabetes Symptoms are:	□feeling thirsty	□**Frequent urination**	□feeling hunger	□bleeding	□No symptoms
11	Diabetes Complications are?	Diabetes Complications are?	□visually impaired	□heart attack	□arthritis	□Strokes	

Physical activity

12	Do you regularly walk?	□Yes	□No	□sometimes		
	If you exercise, how many times/week you exercise at least 35 minutes?	□One	□Twice	Three times	□Five times	□Every day

Life style						
13	Which of the following are the best cooking practices?	□Frying	□boil	□grill	□mixed	□I don't know
14	Which of the following are the best types of oil to use during cooking?	□ sunflower oil	□corn oil	□Olive oil	□margarine or butter	□I don't know
15	When do you add salt in your plate	□Before tasting food	□After tasting food	□I don't add salt		
16	What is the best way in adding oil during cooking?	□ Using a spoon	□By estimation	□I don't know		
17	How many meals you eat along the day	□one	□two	□three	□four	□5-6
18	If you take more than one meal/day, answer the following					
A	When do you take the first meal	□ 6-8 am	□ 8-10am	□ 10am	□ After 12 pm	
B	When do you take your last meal	□ 4-6 afternoon	□ 6-8 evening	□ 8-10 evening	□ After 10 evening	
19	Do you eat any food during watching TV or working on computer, if yes what you eat					
A	□ Yes	□ vegetable	□ chips	□ popcorn	□ chocolate	□ **Nuts**
B	□ No					

Natural Information				
20	Which of the following foods items influence your BG in a positive or negatively way :			
	Food kind	**Positively**	**Negatively**	**Don't know**
	• Vegetable			
	• whole wheat bread			
	• one or two pcs of fruits			
	• high quantities of rice, • bread and potato			
	• chicken			
	• high fat meat			
	• Margarine or butter and oil			
	• high quantity of olive oil			
	• pickles			
	• sugar added juice			
	• legumes and beans limited quantities			
	• sweet			
End of Questioner				