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Observer ID

Ausdiab: The Australian Diabetes, Obesity and Lifestyle Study

Health Knowledge, Attitudes & Practices Questionnaire

This is a questionnaire which looks at your knowledge and attitudes towards various health issues. There are no right or wrong answers to these questions and all answers are confidential.

Section 1. Knowledge of diabetes

1. Can you name some of the things that may lead to a person developing diabetes?
(If participant asks what type of diabetes does this refer to, say type 2 diabetes.)

Neutral prompt, multiple responses allowed

Note: interviewer can prompt to ascertain what participant means by a particular response, eg 'poor diet', what do you mean by poor diet?

Family history of diabetes

Ethnic origin

Age over 40

Smoking

Overweight

Alcohol

Eating too much sugar

Don't know

Overeating

Other

Eating too much fat

Specify _____

Old age

Stress

Lack of exercise



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2. What actions can you take to make it less likely that you will develop diabetes in the future?
(If participant asks what type of diabetes does this refer to, say type 2 diabetes.)

Neutral prompt, multiple responses allowed

No action

Weight control (maintaining stable weight)

Weight loss

Exercise

Healthy diet / eating habits

Limit sugar

Limit fatty foods

Health checks / screening

Don't know

Other

Specify _____

3. What can be the early symptoms of diabetes?

(If participant asks what type of diabetes does this refer to, say type 2 diabetes.)

neutral prompt, multiple responses allowed

Passing lots of urine

Excess thirst

Tiredness / lethargy

Loss of appetite

Weight loss

Vision problem

Skin and genital infections

Don't know

Other

Specify _____

Section 2. Food and nutrition knowledge

4. In your opinion, how healthy is the food that you eat?

Read out responses

Very healthy

Quite healthy

Not very healthy

Not at all healthy

5. Are you vegetarian? A vegetarian is someone who doesn't eat meat, fish or poultry.

Yes No



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6. Are you vegan? A vegan is someone who doesn't eat any animal produce.

Yes No

The next section is about your views of a well balanced diet.

7. For a well balanced diet how often should adults eat FRUIT?

Show prompt card 2A and read out alternatives.

- Several times a day
- Daily
- Every second day
- Twice a week
- Weekly or less often
- Don't know **(do not read this option)**

8. For a well balanced diet how often should adults eat DAIRY FOOD?

Show prompt card 2A and read out alternatives.

- Several times a day
- Daily
- Every second day
- Twice a week
- Weekly or less often
- Don't know **(do not read this option)**

9. For a well balanced diet how often should adults eat VEGETABLES?

Show prompt card 2A and read out alternatives.

- Several times a day
- Daily
- Every second day
- Twice a week
- Weekly or less often
- Don't know **(do not read this option)**



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10. For a well balanced diet how often should adults eat MEATS, CHICKEN or FISH?

Show prompt card 2A and read out alternatives.

- Several times a day
- Daily
- Every second day
- Twice a week
- Weekly or less often
- Don't know **(do not read this option)**

11. For a well balanced diet how often should adults eat CEREALS such as bread, pasta or rice?

Show prompt card 2A and read out alternatives.

- Several times a day
- Daily
- Every second day
- Twice a week
- Weekly or less often
- Don't know **(do not read this option)**

Section 3. Preventative counselling services

12. Has a doctor or other health professional ever talked with you about your diet or eating habits? ***Probe for response***

- Yes, within the past 12 months
- Yes, within the past 3 years
- Yes, 3 or more years ago
- No
- Don't know / Not sure

13. Has a doctor or other health professional ever talked with you about physical activity or exercise? ***Probe for response***

- Yes, within the past 12 months
- Yes, within the past 3 years
- Yes, 3 or more years ago
- No
- Don't know / Not sure



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14. Has a doctor or other health professional ever talked with you about drinking alcohol?

Yes, within the past 12 months

Probe for response

Yes, within the past 3 years

Yes, 3 or more years ago

No

Don't know / Not sure

15. Has a doctor or other health professional ever advised you to quit smoking?

Yes, within the past 12 months

Probe for response

Yes, within the past 3 years

Yes, 3 or more years ago

No

Don't know / Not sure

Section 4. Weight Control

16. With regard to your weight, do you consider yourself to be:

read out responses, one response only

Underweight

The right weight

Slightly overweight

Very overweight

Don't know *(do not read this option)*

17. Have you been overweight in the past? Yes No

18. Do you find it hard to keep your weight steady? Yes No

19. Are you the kind of person who never puts on weight? Yes No

20. Do you consider your current weight to be harmful to your health? Yes No

21. Which of the following best describes you at the moment?

Read out responses, one response only

I am actively doing things to try to gain weight at the moment

I am actively doing things to avoid gaining weight at the moment

I am actively doing things to try to lose weight at the moment

I am not doing anything in particular for my weight at the moment



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22. Have you tried to lose weight in the past?

Yes, many times Yes, occasionally No, never

Section 5. Stress

This next section is about stress

23. I'm going to read you a list of life events that happen to many people and I'll ask you if you have experienced any of these in the last 12 months. Only think of those things that have happened within the past **year (12 months)**.

If answer to any event is 'yes', immediately show prompt card 2B and say "From this card, can you pick a number to indicate how this affected you?", and read through the answers.

- | | |
|-----------------------------|-----------------------------|
| 1. Had minimal or no effect | 2. Affected me a little |
| 3. Affected me somewhat | 4. Affected me a great deal |

	NO.	1.	2.	3.	4.
1. Marriage breakup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Death of husband / wife or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Death of a close family member or close friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Disturbing time with husband / wife or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Disturbing time with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Disturbing time with parents, in-laws or others (not death)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Laid off, fired at work, or problem finding a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trouble with your boss or teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Trouble at work with a co-worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Felt like you could have, or were having, a nervous breakdown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Severe problems with money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Sexual difficulties or problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other troubles not listed (Please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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24. For each sentence that I read out, tell me how often it applies to you in general, *during the last year*. I want you to think generally about your life **in the last year**.

Show prompt card 2C

	Almost never	Sometimes	Often	Usually
1. You feel rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You feel that too many demands are being made on you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. You are irritable or grouchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. You have too many things to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. You feel lonely or isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. You find yourself in situations of conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. You feel you're doing things you really like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. You feel tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. You fear you may not manage to attain your goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. You feel calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. You have too many decisions to make	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. You feel frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. You are full of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. You feel tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Your problems seem to be piling up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. You feel you're in a hurry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. You feel safe and protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. You have many worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. You are under pressure from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. You feel discouraged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. You enjoy yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. You are afraid for the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. You feel you are doing things because you have to not because you want to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. You feel criticized or judged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. You are lighthearted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. You feel mentally exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. You have trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. You feel loaded down with responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Almost never Sometimes Often Usually

29. You have enough time for yourself
30. You feel under pressure from deadlines

Section 6. Exercise

The next four questions are about what participants think generally, not what they actually do.

25. Is it adequate to get your daily exercise in three 10 minutes sessions?
- Yes
- No
- Not sure
26. Do you have to do high intensity exercise, such as jogging or aerobics to gain a health benefit?
- Yes
- No
- Not sure
27. Is brisk walking sufficient exercise to give you a health benefit?
- Yes
- No
- Not sure

Now thinking about yourself.

28. Do you believe that you **need** to be more physically active?
- Yes
- No
- Not sure
29. Do you believe that you **can** be more physically active?
- Yes
- No
- Not sure
30. Which one of the following statements best applies to you? *Show prompt card 2D*
- I currently do not exercise and do not intend to start regular exercise in the next 6 months
- I currently do not exercise but I intend to start regular exercise in the next 6 months
- I currently exercise but not regularly
- In the last 6 months I have started to exercise regularly
- I currently exercise regularly and have done so for longer than 6 months



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31. The following statements may be barriers to you being more physically active. For each statement, tell me whether it's not a barrier, somewhat of a barrier or very much a barrier?

show prompt card 2E	Not a barrier	Somewhat of a barrier	Very much a barrier
Other priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A disability or injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young children or family needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The weather (e.g. wet and cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution or noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety (e.g. street, lighting, traffic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of facilities (e.g. distance, hours open, availability)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of footpaths, cycle lanes, or parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify _____

32. Do you have any medical conditions that prevent you from exercising?

Yes

No

Not sure

If yes, please specify

1. [Grid of 20 empty cells]

2. [Grid of 20 empty cells]



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Section 7. Health service utilisation

33. Do you have a general practitioner that you usually see?

- Yes
- No (go to Q35.)
- Not sure (go to Q35.)

34. How often do you see this general practitioner?

- Probe for response**
- 3 or more times a year
 - 1 to 2 times a year
 - less than yearly

35. How often have you visited any doctor **for your own health** in the past 12 months?

- Probe for response**
- none
 - once
 - between 2 and 5 times
 - between 6 and 11 times
 - more than 11 times (monthly or more often)

36. Have you consulted a general practitioner for your own health in the past two weeks?

- Yes
- No
- Not sure

37. Which of these health professionals have you consulted in the past 12 months about your own health?

show prompt card 2F, response required for each alternative

	Yes	No	Don't know
1. Alternative health practitioner (eg, naturopath, acupuncturist, herbalist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Chemist / Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Dietitian / Nutritionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medical specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Allied health professional eg occupational therapist, physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Psychologist / Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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38. In the past 12 months have you been admitted for at least one night to any hospital?

- No
- Yes, once
- Yes, more than once

Section 8. Health insurance

This question relates to your private health insurance arrangements.

39. Apart from Medicare, are you currently covered by private health insurance?

- Yes, hospital and extras cover
- Yes, hospital cover only
- Yes, extras cover only
- None
- Don't know

Probe for response

Section 9. Locus of control

This section contains questions where there are no right or wrong answers. How people see the world around them may affect their health. Often the answers to these questions will be "maybe" or "sometimes", but we need you to answer either yes or no. I want you to think quickly about these questions - try not to dwell on the answers.

40. Do you believe that most problems will solve themselves if you just don't fool with them?

- Yes
- No

41. Do you believe that you can stop yourself from catching a cold?

- Yes
- No

42. Are some people just born lucky?

- Yes
- No

43. Are you often blamed for things that just aren't your fault?

- Yes
- No

44. Have you felt that when people were angry with you it was usually for no reason at all?

- Yes
- No

45. Most of the time do you feel that you can change what might happen tomorrow by what you do today?

- Yes
- No



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46. Do you believe that when bad things are going to happen they just happen no matter what you try to do to stop them?
Yes No
47. Do you think that people can get their own way if they just keep trying?
Yes No
48. Most of the time do you find it useless to try to get your own way?
Yes No
49. Do you feel that when good things happen they happen because of hard work?
Yes No
50. Do you feel that when someone doesn't like you there's little you can do about it?
Yes No
51. Do you feel it's easy to get friends to do what you want them to do?
Yes No
52. Do you believe that planning ahead makes things turn out better?
Yes No
53. Do you feel that if things start out well in the morning it's going to be a good day no matter what you do?
Yes No
54. Do you believe that wishing can make good things happen?
Yes No
55. Most of the time do you find it hard to change a friend's opinion?
Yes No
56. Do you think that cheering more than luck helps a team to win?
Yes No
57. Do you feel that when you do something wrong there's very little you can do to make it right?
Yes No
58. Do you feel that one of the best ways to handle most problems is just not to think about them?
Yes No
59. Do you feel that you have a lot of choice in deciding who your friends are?
Yes No