



AUSDIAB: The Australian Diabetes, Obesity and Lifestyle Study

Health Knowledge, Attitudes & Practices Questionnaire

INTERVIEWER COPY

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

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
- Age over 40
- Overweight
- Eating too much sugar
- Overeating
- Eating too much fat
- Old age
- Stress
- Lack of exercise
- Ethnic origin
- Smoking
- Alcohol
- Don't know
- Other
- None

2. What actions can you take to make it less likely that you will develop diabetes in the future?

(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
None

3. What can be the early symptoms of 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
None

4. Has a doctor or other health professional ever talked with you about your diet or eating habits?

(Probe for response)

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

5. Has a doctor or other health professional ever talked with you about physical activity or exercise?

(Probe for response)

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

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

(Probe for response)

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

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

(Probe for response)

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

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

(Show prompt card, one response only)

- 1) I am actively doing things to try to gain weight at the moment
- 2) I am actively doing things to try to avoid gaining weight at the moment
- 3) I am actively doing things to try to lose weight at the moment
- 4) I am not doing anything in particular for my weight at the moment

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

- 1) Yes, many times
- 2) Yes, occasionally
- 3) No, never

10. Which one of the following statements best applies to you?

(Show prompt card)

- 1)** I currently do not exercise and do not intend to start regular exercise in the next 6 months
- 2)** I currently do not exercise but I intend to start regular exercise in the next 6 months
- 3)** I currently exercise but not regularly
- 4)** In the last 6 months I have started to exercise regularly
- 5)** I currently exercise regularly and have done so for longer than 6 months

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

(Show prompt card)

- | Not a barrier | Somewhat of a barrier | Very much a barrier |
|---|-----------------------|---------------------|
| A) Other priorities | | |
| B) A disability or injury | | |
| C) Young children or family needs | | |
| D) Work | | |
| E) The weather (e.g. wet and cold) | | |
| F) Pollution or noise | | |
| G) Lack of time | | |
| H) Cost | | |
| I) Safety (e.g. street lighting, traffic) | | |
| J) Accessibility of facilities (e.g. distance, hours open, availability) | | |
| K) Age | | |
| L) Lack of footpaths, or cycle lanes, or parks | | |
| M) Feeling tired | | |

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

Yes No Don't know

13. Where has the majority of your income come from in the last 3 months?

(One response only allowed)

- 1)** full-time employment
- 2)** part time employment
- 3)** self funded retiree
- 4)** pension
- 5)** not in paid employment **(go to Q14)**
- 6)** unemployment benefits
- 7)** other

13a. If you are employed full-time or part-time, how many hours a week (on average) do you work?

_____ (hours)

14. Do you receive any of these financial benefits?

(Show prompt card - multiple responses allowed)

- A)** Disability support pension
- B)** Age pension
- C)** Veteran's Affairs Disability Pension
- D)** Mobility allowance
- E)** Sickness allowance
- F)** Health Care Card
- G)** Pensioner Concession Cards
- H)** Commonwealth Seniors Card
- I)** Unemployment Benefits
- J)** Other **(please specify)**
- K)** None

15. Have you lived in any of the following care facilities **(read out names of facilities)** during the past 3 months?

Yes **(ask about each facility in 15a-c)**

No **(go to Q16)**

- 15a)** nursing home
- 15b)** hostel (low care facility)
- 15c)** independent units

15d. What is the total number of days you have lived in a care facility in the last 3 months?

_____ (days)

16. How often have you used the following services over the last 3 months? For each service, tell me whether you have used the services not at all, daily, weekly or monthly.

1 **2** **3** **4**
None Daily Weekly Monthly

16a) Home help/support

16b) Meals on wheels

16c) Day centre

16d) Other

GQHOSP.) In the last 12 months, have you had medical treatment in a hospital?

Yes No (**go to Q23**)

(If participant needs clarification, this includes visits for emergency department care, admission to hospital for care, or visits for outpatient/clinic or day care that is provided at your hospital. It does not include general practitioner visits.)

17. Have you had any visits to a day clinic in a hospital (eg. for minor surgery or tests such as gastroscopy or colonoscopy) in the last 12 months?

Yes No (**go to Q17b**)

17a. If yes, how many visits to a day clinic have you had in the last 12 months?

_____ (visits)

17b. Have you had any visits to an outpatient clinic in the last 12 months?

(Does not include any responses already indicated in Q17/Q17a)

Yes No (**go to Q18**)

17c. If yes, how many outpatient clinic visits have you had in the last 12 months?

_____ (visits)

18. Have you had any admissions to a hospital emergency department in the last 12 months (e.g. accident, emergency, casualty)

Yes

No (**go to Q19**)

18a. If yes, how many emergency department visits have you made in the last 12 months?

_____ (visits)

19. Have you stayed overnight in a public hospital in the last 12 months?

Yes

No (**go to Q20**)

19a. If yes, how many nights have you spent in a public hospital in the last 12 months?

_____ (nights)

20. Have you stayed overnight in a private hospital in the last 12 months?

Yes

No (**go to Q21**)

20a. If yes, how many nights have you spent in a private hospital in the last 12 months?

_____ (nights)

21. Have you had any out of pocket expenses while staying at a hospital that you cannot claim back, in the last 12 months? (e.g. gap payments or payments for extra tests, pharmaceuticals while inpatients)

Yes

No

21a. If yes, please estimate the amount of out of pocket expense you have had to pay

\$ _____

22. Have you used any of the following transport to get to hospital in the last 12 months?

(Show prompt card)

Yes (**ask Q22a-g**)

No (**Go to Q23**)

22a-g. How often have you used the following transport to get to hospital in the last 12 months?

(Show prompt card)

Number of times used

- 22a)** Courtesy Car (e.g. Veteran's Affairs)
- 22b)** Own or private car
- 22c)** Emergency ambulance
- 22d)** Ambulance, non-emergency
- 22e)** Public transport
- 22f)** Taxi
- 22g)** Other

23) Did you see any of the following medical specialists or health care professionals in a private practice or following a referral from your GP in the last 12 months?

(Show prompt card)

Yes No **(go to Q24)**

23 a-j) How often have you seen the following medical specialists or health care professionals in a private practice or following a referral from your GP in the last 12 months?

Number of Visits

- 23a)** Diabetes specialist (endocrinologist)
- 23b)** Kidney specialist (nephrologists)
- 23c)** Heart specialist (cardiologist)
- 23d)** Eye specialist (ophthalmologist)
- 23e)** Other doctor
- 23f)** Diabetes educator
- 23g)** Dietitian/nutritionist
- 23h)** Podiatrist (for feet)
- 23i)** Optometrist (for eyes)
- 23j)** Other health professional (e.g. acupuncturist, homeopath)

24.How many visits to a General Practitioner (GP) at a surgery have you made in the last 3 months?

_____ visits

25.How many times has a General Practitioner (GP) visited your home in the last 3 months?

_____ times

Quality of life

For each of the following questions, please describe which statement best describes your own health state today.

26. Relating to Mobility

- 1)** I have no problems in walking about
- 2)** I have some problems in walking about
- 3)** I am confined to bed

27. Relating to Self-Care

- 1)** I have no problems with self-care
- 2)** I have some problems washing or dressing myself
- 3)** I am unable to wash or dress myself

28. Relating to Usual Activities (e.g. work, study, housework, family or leisure activities)

- 1)** I have no problems with performing my usual activities
- 2)** I have some problems with performing my usual activities
- 3)** I am unable to perform usual activities

29. Relating to Pain/Discomfort

- 1)** I have no pain or discomfort
- 2)** I have moderate pain or discomfort
- 3)** I have extreme pain or discomfort

30. Relating to Anxiety/Depression

- 1)** I am not anxious or depressed
- 2)** I am moderately anxious or depressed
- 3)** I am extremely anxious or depressed

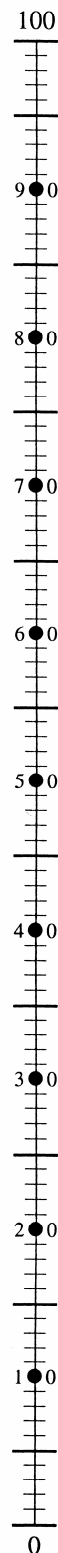
31. Barometer

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by pointing to the spot on the scale that indicates how good or bad your health state is today.

(Interviewer fill in all circles)

**Best
imaginable
health state**



**Worst
imaginable
health state**

Environmental determinants of physical activity

We would like to find out more information about your local area. Your local area is anything within a 10-15 minute walk from your home.

32. What is the main type of housing in your local area?

(If unsure, ask the respondent to think about the majority of housing in their local area; i.e. within a 15 minute walk from home.)

(ONE response that best applies to your local area. Show prompt card)

- 1)** Detached single-family residences
- 2)** Townhouses
- 3)** Apartments or flats of 1-3 stories
- 4)** Apartments or flats of 4-6 stories
- 5)** Apartments or flats bigger than 6 stories

33. Please tell us how much you agree or disagree with each of the following statements that best apply to you and your local area.

- | | | | |
|-------------------|-------------------|----------------|----------------|
| 1) | 2) | 3) | 4) |
| Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |

(ONE response for each statement. Show prompt card)

- A)** There are many shops or other places to buy things I need within easy walking distance of my home.
- B)** There are many alternative routes for getting from place to place when walking in my local area (I don't have to go the same way each time)
- C)** There are footpaths on all of the streets in my local area
- D)** There is a park or nature reserve in my local area that is easy to get to
- E)** There are bicycle or walking tracks in or near my local area that are easy to get to (NOTE: Bicycle or walking tracks or trails are those designated / purpose-built for such ie NOT footpaths, unless it is a multi-purpose path specially designed for walking & cycling – some new housing developments have these.)
- F)** My local neighbourhood is attractive (buildings, trees, household gardens)
- G)** There are pleasant natural features in my local area (nature reserves, rivers or beaches)
- H)** There is so much traffic along most nearby streets that it makes it difficult or unpleasant to walk in my local area
- I)** I feel safe walking in my local area during the day

Individual determinants of physical activity

- 34.** How confident are you that you could walk for exercise or recreation, in each of the following situations?

1)	2)	3)	4)	5)
Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident

(ONE response for each statement. Show prompt card)

- A)** Go for a walk even when you are tired
- B)** Go for a walk even when you are in a bad mood
- C)** Go for a walk even when you feel you don't have time
- D)** Go for a walk even when you are on holidays
- E)** Go for a walk even when it is raining

- 35.** How confident are you that you could do vigorous physical activities such as jogging, bicycling, swimming, aerobics, competitive sports, or any other activity that makes you puff and pant, in the following situations?

1)	2)	3)	4)	5)
Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident

(ONE response for each statement. Show prompt card)

- A)** Do vigorous physical activities even when you are tired
- B)** Do vigorous physical activities even when you are in a bad mood
- C)** Do vigorous physical activities even when you feel you don't have time
- D)** Do vigorous physical activities even when you are on holidays
- E)** Do vigorous physical activities even when it is raining

36. Do you watch TV for less than one hour per day?

Yes (**Go to Q37a**) No (**Go to Q36a**)

How confident you are that you could:

1)	2)	3)	4)	5)
Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely confident

(ONE response for each statement. Show prompt card)

36A) Watch less TV than you do at the moment

36B) Watch less TV even if it means missing your favourite program

36C) Watch TV for just one hour or less every day

Social determinants of Physical Activity

37. During the past year, how often did members of your family (including partner/spouse):

(ONE response for each statement. Show prompt card)

A) Do physical activity with you?

B) Encourage you to be physically active?

1)	2)	3)	4)	5)
Never	Rarely	A few times	Often	Very often

38. During the past year, how often (ie never, rarely, a few times, often or very often) did friends or work colleagues:

(ONE response for each statement. Show prompt card)

A) Do physical activity with you?

B) Encourage you to be physically active?

1) Never	2) Rarely	3) A few times	4) Often	5) Very often
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Physical activity help and advice

39. If you wanted help or advice on how to be more active, what sort of help would you prefer?

(Multiple responses are possible. Show Prompt card)

- 1)** Advice from a doctor or other health professional
- 2)** A group of people to be active with
- 3)** Advice from a health professional over the telephone
- 4)** A videotape to follow at home
- 5)** A book on how to start being more active
- 6)** A program or advice sent to you via the post (mail)
- 7)** A program or advice sent to you via Email
- 8)** A program or advice provided through the Internet