Annex 1: Questionnaire provided to participants

Dear friend

We are currently carrying a questionnaire survey on diabetes. It is about your health and the things you do that may affect your health. The information you give will be used to develop better anti-diabetic health education programmes and resource materials for young children and adults. Kindly fill in the questionnaire below. All your answers or given information will be strictly confidential. We thank you very much for your help.

Research team

Tick in the appropriate box (es) Serial No: _____1____

Section A: Personal Profile

Sex: Male [ ] Female [ * ]

ii. Age: ___36___years

iii. Marital Status: Married [ * ] Single [ ] Divorced [ ]

iv. Religion/Ethnic Group: [ ] Islam ________________________________

v. Where do you live? ___9A Patna St, Port-Louis_____________________

vi. Occupation: __Education Officer____________________

vii. Highest Qualification you have: _ Diploma Bio MIE_________________

viii. Highest Qualification your parent(s) or guardian(s) have: __________ SC __________

Section B: Diabetes

1. Have you ever heard about Diabetes?

   Yes [ * ] No [ ]

2. From which of the following sources, have you heard/learnt about Diabetes?

   A. Parents [ ] E. Television [ * ]
   B. Friends [ ] F. Internet [ ]
   C. Relatives [ ] G. School textbook [ * ]
   D. Newspaper/Magazines [ ] H. Radio [ ]

   Others, please specify ______________________________________________
3. What did you learn from the above selected source (s)?

___________________________________________________________________

_________ Sugar appearing in urine ___________________________________

4. (i). Do you have diabetes?

Yes [ ] No [ ]

(ii). If yes, how old were you when doctors/parents told you that you have diabetes?

_________ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes or to lower the blood sugar?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

(iv). Where is your diabetes controlled?

________________________

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

________________________________________

5. Has any doctor told you that you can get diabetes only during some of your pregnancies? (ONLY FOR WOMEN)

Yes [ ] No [ ]

6. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes [ ] No [ ]

(ii). If yes, how many members in your family have diabetes?

_____ One –mother ____________________________________________

6. According to you, what is Diabetes?

_____ Increase blood sugar level

______________________________

7. What are the signs and symptoms of Diabetes?
8. Name the common laboratory tests that are carried out to confirm Diabetes in a person.

________________________

Glucostix

________________________

9. Name the common drugs (medication) taken to treat Diabetes?

________Insulin based________________________

________________________

10. How can you prevent yourself from Diabetes?

________________________

Exercising

________________________
Annex 1: Questionnaire provided to participants

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Research team

Tick in the appropriate box (es)          Serial No:____ 2______

Section A: Personal Profile

i. Sex:  Male    Female *

ii. Age: __35____years

Marital Status:  Married    Single *    Divorced

Religion/Ethnic Group: ________________________ Islam__________________________

Where do you live?  ________ 18 Municipality Street _________

Occupation:     _______ Administrative Clerk / Secretary __

Highest Qualification you have:  
____SC_____________________________________

Highest Qualification your parent(s) or guardian (s) have: ________ None__________

Section B: Diabetes

1. Have you ever heard about Diabetes?

   Yes  *     No

2. From which of the following sources, have you heard/learnt about Diabetes?

   A. Parents  
   B. Friends  
   C. Relatives  
   D. Newspaper/Magazines *  
   E. Television  
   F. Internet  
   G. School textbook  
   H. Radio
3. What did you learn from the above selected source(s)?

--- Bad effects. This disease cause to human health

4. (i). Do you have diabetes?
   Yes [ ] No [x]

   (ii). If yes, how old were you when doctors/parents told you that you have diabetes?
   _________yrs

   (iii). What treatment or medical recommendation have you been prescribed for diabetes
   or to lower the blood sugar?
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

   (iv). Where is your diabetes controlled?
   ______________________________________________________________

   (v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?
   ______________________________________________________________

5. Has any doctor told you that you can get diabetes only during some of your pregnancies? (ONLY FOR WOMEN)
   Yes [ ] No [x]

6. (i). Have your father, mother, brother or sister related by blood had diabetes?
   Yes [ ] No [x]

   (ii). If yes, how many members in your family have diabetes?
6. According to you, what is Diabetes?
Diabetes is excess of sugar in the human body that causes other serious sickness, etc.

7. What are the signs and symptoms of Diabetes?
Feeling dizzy very often, tiredness often, respiration not normal.

8. Name the common laboratory tests that are carried out to confirm Diabetes in a person.
   None

9. Name the common drugs (medication) taken to treat Diabetes?

10. How can you prevent yourself from Diabetes?
    Control sugar
Annex 1: Questionnaire provided to participants

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Research team

Tick in the appropriate box (es)          Serial No:___3____

Section A: Personal Profile

i. Sex:  Male    Female *

ii. Age: _43______years

Marital Status:  Married *    Single    Divorced

Religion/Ethnic Group:   _________________________________________

Where do you live?    ____ Port-Louis

Occupation:     _______ House-Wife _________________

iv. Highest Qualification you have:  __________SC_______________________________

v. Highest Qualification your parent(s) or guardian (s) have:  _____________________________________________________________________

Section B: Diabetes

1. Have you ever heard about Diabetes?

   Yes   No *

2. From which of the following sources, have you heard/learnt about Diabetes?

   A. Parents  E. Television *
   B. Friends  F. Internet
   C. Relatives  G. School textbook
   D. Newspaper/Magazines  H. Radio
4. What did you learn from the above selected source(s)?

___________________________________________________________________
___________________________________________________________________

7. (i). Do you have diabetes?
Yes ❑ No ❑

(ii). If yes, how old were you when doctors/parents told you that you have diabetes?
___________ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes
or to lower the blood sugar?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

(iv). Where is your diabetes controlled?

___________________________________________________________________

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?

___________________________________________________________________

8. Has any doctor told you that you can get diabetes only during some of your pregnancies? (ONLY FOR WOMEN)
Yes ❑ No ❑

5. (i) Have your father, mother, brother or sister related by blood had diabetes?
Yes ❑ No ❑

(ii). If yes, how many members in your family have diabetes?

___________________________________________________________________
6. According to you, what is Diabetes?

_________________________________________ Your blood sugar increase _________________________________________

11. What are the signs and symptoms of Diabetes?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

12. Name the common laboratory tests that are carried out to confirm Diabetes in a person.

______________________________________________________________________

13. Name the common drugs (medication) taken to treat Diabetes?

______________________________________________________________________
______________________________________________________________________

14. How can you prevent yourself from Diabetes?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Annex 1: Questionnaire provided to participants

Dear friend

We are currently carrying a questionnaire survey on diabetes. It is about your health and the things you do that may affect your health. The information you give will be used to develop better anti-diabetic health education programmes and resource materials for young children and adults. Kindly fill in the questionnaire below. All your answers or given information will be strictly confidential. We thank you very much for your help.

Research team

Tick in the appropriate box (es)          Serial No:_____4_____

Section A: Personal Profile

Sex: Male    Female *

iii. Age: __31____years

Marital Status: Married * Single    Divorced

ix. Religion/Ethnic Group: __________________________Islam_________________________

x. Where do you live?    ____ P-Louis ______________________

xi. Occupation:     __________ House-Wife ______________

vi. Highest Qualification you have:  

_________________________

vii. Highest Qualification your parent(s) or guardian (s) have:

_________________________

Section B: Diabetes

1. Have you ever heard about Diabetes?

Yes * No

2. From which of the following sources, have you heard/learnt about Diabetes?

A. Parents    E. Television     *
B. Friends    F. Internet
C. Relatives    G. School textbook
D. Newspaper/Magazines    H. Radio
Others, please specify
____________________________________________

6. What did you learn from the above selected source(s)?
___________________________________________________________________
___________________________________________________________________

9. (i). Do you have diabetes?
   Yes ☐ No ☐

   (ii). If yes, how old were you when doctors/parents told you that you have diabetes?
   __________ yrs

   (iii). What treatment or medical recommendation have you been prescribed for diabetes
   or to lower the blood sugar?
   __________________________________________
   __________________________________________
   __________________________________________

   (iv). Where is your diabetes controlled?
   __________________________________________

   (v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?
   __________________________________________

10. Has any doctor told you that you can get diabetes only during some of your pregnancies? (ONLY FOR WOMEN)
   Yes ☐ No ☐

7. (i) Have your father, mother, brother or sister related by blood had diabetes?
   Yes ☐ No ☐

   (ii). If yes, how many members in your family have diabetes?
   __________________________________________
6. According to you, what is Diabetes?

_______ Diabetes is not a disease (contagieuse)

15. What are the signs and symptoms of Diabetes?

16. Name the common laboratory tests that are carried out to confirm Diabetes in a person.

17. Name the common drugs (medication) taken to treat Diabetes?

18. How can you prevent yourself from Diabetes?

_______ By exercise
Annex 1: Questionnaire provided to participants

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Research team

Tick in the appropriate box (es) Serial No:_____5_____

Section A: Personal Profile

Sex: Male □ Female *

iv. Age: _40_____years

Marital Status: Married □ Single □ Divorced *

xii. Religion/Ethnic Group:

______________ Islam _____________________________

xiii. Where do you live? P-Louis

xiv. Occupation: Teacher

viii. Highest Qualification you have:

_________________ HSC ____________________________

ix. Highest Qualification your parent(s) or guardian (s) have:

_________________ CPE ____________________________

Section B: Diabetes

1. Have you ever heard about Diabetes?

Yes * No

2. From which of the following sources, have you heard/learnt about Diabetes?

A. Parents * E. Television *
B. Friends * F. Internet *
C. Relatives G. School textbook
D. Newspaper/Magazines H. Radio
8. What did you learn from the above selected source (s)?

People having the disease, and how to avoid. 

11. (i). Do you have diabetes?

Yes [ ] No [ ]

(ii). If yes, how old were you when doctors/parents told you that you have diabetes?

________ yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes or to lower the blood sugar?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

(iv). Where is your diabetes controlled?

________________________________________________________________

(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes?


12. Has any doctor told you that you can get diabetes only during some of your pregnancies? (ONLY FOR WOMEN)

Yes [ ] No [ ]

9. (i) Have your father, mother, brother or sister related by blood had diabetes?

Yes [ ] No [ ]

(ii). If yes, how many members in your family have diabetes?

________________________________________________________________
6. According to you, what is Diabetes?
____ High level of sugar in the blood

19. What are the signs and symptoms of Diabetes?
____ Scratching, fatigue, thirst

20. Name the common laboratory tests that are carried out to confirm Diabetes in a person.
____ Pharmacies or laboratories

21. Name the common drugs (medication) taken to treat Diabetes?

22. How can you prevent yourself from Diabetes?
____ Control food, exercise, avoid sweets