**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.

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**Research team**

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

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### Section A: Personal Profile

1. **Sex:**  Male [ ]  Female [ ]
2. **Age:** _______ years
3. **Marital Status:**  Married [ ]  Single [ ]  Divorced [ ]
4. **Religion/Ethnic Group:**
   [ ]
5. **Where do you live?**
   [ ]
6. **Occupation:**
   [ ]
7. **Highest Qualification you have:**
   [ ]
8. **Highest Qualification your parent(s) or guardian (s) have:**
   [ ]

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### 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 [ ]
4. What did you learn from the above selected source(s)?

________________________________________________________________________
________________________________________________________________________

3. (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?
       __________________________________________________

4. 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?
       __________________________________________________
       __________________________________________________
       __________________________________________________

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.

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

10. How can you prevent yourself from Diabetes?