

Demographic and clinical characteristics of type 2 diabetic patients

MRN: Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Education: <input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Higher education	Occupation: <input type="checkbox"/> Full-time job <input type="checkbox"/> Part-time job <input type="checkbox"/> Unemployed
Duration of diabetes mellitus: .....	Number of anti-diabetic medication: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3
Insulin therapy was initiated for the following reasons: <input type="checkbox"/> Uncontrolled Diabetes Mellitus <input type="checkbox"/> Self-preference <input type="checkbox"/> Contra-indication to oral hypoglycemic medication <input type="checkbox"/> Others, Specify:	Type of insulin use: <input type="checkbox"/> Short-acting <input type="checkbox"/> Long acting <input type="checkbox"/> Both <input type="checkbox"/> intermediate
Insulin device used: <input type="checkbox"/> Syringe <input type="checkbox"/> Pen	Duration of insulin use:
Most recent HBA1C level: .....	Frequency of blood sugar monitoring: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Do you attend your follow up appointment regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have history of: (Micro vascular complications) <input type="checkbox"/> Retinopathy <input type="checkbox"/> Nephropathy <input type="checkbox"/> Neuropathy
Do you have history of: (Macro vascular complications) <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> ischemic heart disease <input type="checkbox"/> Stroke	I take insulin injection by: <input type="checkbox"/> My self <input type="checkbox"/> I have help provided by my family/caregiver

Knowledge assessments: For each statement, check whether you agree, disagree.

Statement	Agree	Disagree
Insulin prevents the complications of diabetes through controlling HBA1C		
Insulin works better than pills		
Insulin is usually prescribed as a last option in the treatment		
Insulin when started, has to continued life-long		
Insulin dose has to be increased once you begin to use it		
Insulin vial is stored in the refrigerator or a cool place		
The sites for insulin injection are abdomen, thigh, glutei and deltoid		
The complications of insulin therapy are low blood sugar, insulin allergy, weight gain and wasting of subcutaneous tissue		

Attitude assessment: For each statement, check whether you agree, disagree

Statement	Agree	Disagree
I worry that people will know I have diabetes if I am on insulin treatment		
Injecting insulin is embarrassing, I worry about being seen when I inject insulin		
Injecting insulin is painful		
I worry that it would negatively impact my job, restrict my activities and hold me back		
I worry about needing to perform home blood sugar monitoring		
I do not have enough time for regular doses of insulin		
The idea of insulin injection is overwhelming		

Practice assessment: For each statement, check whether you agree, disagree

Statement	Agree	Disagree
Checks the name and type of insulin		
Verifies the expiry date of insulin		
Adjusts the dose of insulin as needed		
Washes hands prior to injection		
Removing air bubbles from the insulin syringe before injecting		
Syringe / needle head should be used for one time only		
Disposal of used insulin needles in a special container at home		
Rotates injection sites regularly		
Takes insulin injections regularly on the times instructed		