

**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             | <input checked="" type="checkbox"/> | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input type="checkbox"/>            | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/>            | G. School textbook | <input checked="" type="checkbox"/> |
| D. Newspaper/Magazines | <input type="checkbox"/>            | H. Radio           | <input type="checkbox"/>            |

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**?

\_\_\_\_\_ Thirst \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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**?

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| <input checked="" type="checkbox"/> A. Parents             | <input type="checkbox"/> | <input type="checkbox"/> E. Television      | <input type="checkbox"/> |
| <input type="checkbox"/> B. Friends                        | <input type="checkbox"/> | <input type="checkbox"/> F. Internet        | <input type="checkbox"/> |
| <input type="checkbox"/> C. Relatives                      | <input type="checkbox"/> | <input type="checkbox"/> G. School textbook | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> D. Newspaper/Magazines | <input type="checkbox"/> | <input type="checkbox"/> H. Radio           | <input type="checkbox"/> |

Others, please specify \_\_\_\_\_

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 \*

(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?

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6. According to you, what is **Diabetes**?

Diabetes is excess of sugar in the human body that causes other serious sickness, etc...

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7. What are the signs and symptoms of **Diabetes**?

Feeling dizzy very often, tiredness often, respiration not normal.

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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**?

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10. How can you prevent yourself from **Diabetes**?

Control sugar

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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	<input type="checkbox"/>	(E.) Television	<input checked="" type="checkbox"/>
(B.) Friends	<input type="checkbox"/>	(F.) Internet	<input type="checkbox"/>
(C.) Relatives	<input type="checkbox"/>	(G.) School textbook	<input type="checkbox"/>
(D.) Newspaper/Magazines	<input type="checkbox"/>	(H.) Radio	<input type="checkbox"/>

Others, please specify \_\_\_\_\_

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

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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?

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(iv). Where is your diabetes controlled?

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---

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

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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?

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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**?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Others, please specify \_\_\_\_\_

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

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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?

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(iv). Where is your diabetes controlled?

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

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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**

\_\_\_\_\_

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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**?

- |   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| <input checked="" type="checkbox"/> A. Parents  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> E. Television | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> B. Friends  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> F. Internet   | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> C. Relatives           | <input type="checkbox"/>            | <input type="checkbox"/> G. School textbook       | <input type="checkbox"/>            |
| <input type="checkbox"/> D. Newspaper/Magazines | <input type="checkbox"/>            | <input type="checkbox"/> H. Radio                 | <input type="checkbox"/>            |

Others, please specify \_\_\_\_\_

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

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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

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