

**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: 6

**Section A: Personal Profile**

- i. Sex: Male  Female
  - ii. Age: 30 years
  - ii. Marital Status: Married  Single  Divorced
  - iii. Religion/Ethnic Group: Islam
  - iv. Where do you live? P-Louis
  - v. Occupation: Interior Designer
  - iv. Highest Qualification you have: Sc
  - v. 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             | <input type="checkbox"/>            | E. Television      | <input checked="" type="checkbox"/> |
| B. Friends             | <input checked="" type="checkbox"/> | F. Internet        | <input type="checkbox"/>            |
| C. Relatives           | <input type="checkbox"/>            | G. School textbook | <input type="checkbox"/>            |
| D. Newspaper/Magazines | <input checked="" type="checkbox"/> | H. Radio           | <input checked="" type="checkbox"/> |

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

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

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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?

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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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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?

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

\_\_\_\_\_ Increase of sugar in our body \_\_\_\_\_

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

\_\_\_\_\_ Delayed healing, frequent hunger \_\_\_\_\_

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

\_\_\_\_\_ Level of sugar in blood, cholesterol \_\_\_\_\_

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

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

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By exercise

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Research team

Tick in the appropriate box (es)

Serial No: 7

**Section A: Personal Profile**

- iii. Sex: Male  Female
- iii. Age: \_\_\_\_\_ years
- iv. Marital Status: Married  Single  Divorced
- vi. Religion/Ethnic Group: \_\_\_\_\_ Islam \_\_\_\_\_
- vii. Where do you live? \_\_\_\_\_ Port-Louis \_\_\_\_\_
- viii. Occupation: \_\_\_\_\_ self-employed \_\_\_\_\_
- vi. Highest Qualification you have: \_\_\_\_\_ sc \_\_\_\_\_
- vii. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_  
\_\_\_\_\_

**Section B: Diabetes**

5. Have you ever heard about **Diabetes**?

- Yes  No

6. 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 \_\_\_\_\_ Hospital \_\_\_\_\_

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

Diet

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7. (i). Do you have diabetes?

Yes

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No

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

39 yrs

(iii). What treatment or medical recommendation have you been prescribed for diabetes

or to lower the blood sugar?

Medformine

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(iv). Where is your diabetes controlled?

At home self-control, doctor

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(v). Approximately, how many times have you consulted a doctor or health care professional about your diabetes? 4 times

8. 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?

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

High glucose in body

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

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

\_\_\_\_\_ **Blood test** \_\_\_\_\_

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

\_\_\_\_\_ **Medformine-Insulin** \_\_\_\_\_

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

\_\_\_\_\_ **Don't take too much sugar** \_\_\_\_\_

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Research team

Tick in the appropriate box (es)

Serial No: 8

**Section A: Personal Profile**

- v. Sex: Male  Female
- iv. Age: 28 years
- vi. Marital Status: Married  Single  Divorced
- ix. Religion/Ethnic Group: Islam
- x. Where do you live? 1, Calcutta P.Louis
- xi. Occupation: House wife
- viii. Highest Qualification you have: CPE
- ix. Highest Qualification your parent(s) or guardian (s) have: No

**Section B: Diabetes**

9. Have you ever heard about **Diabetes**?

Yes  No

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

- |                        |                          |                    |                                     |
|------------------------|--------------------------|--------------------|-------------------------------------|
| A. Parents             | <input type="checkbox"/> | E. Television      | <input 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 \_\_\_\_\_

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

\_\_\_\_\_ Excess of sugar \_\_\_\_\_

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**?

\_\_\_\_\_ A bad disease \_\_\_\_\_

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

\_\_\_\_\_ Tired often \_\_\_\_\_

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

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

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

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Control of sugar

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Research team

Tick in the appropriate box (es)

Serial No: \_\_\_\_\_ **9** \_\_\_\_\_

**Section A: Personal Profile**

- vii. Sex: Male  Female
- v. Age: 35 years
- viii. Marital Status: Married   Single   Divorced
- xii. Religion/Ethnic Group: Islam
- xiii. Where do you live? Port-Louis
- xiv. Occupation: House-wife
- x. Highest Qualification you have: CPE
- xi. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_

**Section B: Diabetes**

13. Have you ever heard about **Diabetes**?

Yes  No

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

- |   |   |
|---|---|
| <input type="checkbox"/> A. Parents             | <input type="checkbox"/> E. Television      |
| <input 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           |

Others, please specify Community Centre

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

Treatment

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

Yes

No

11. (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**?

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

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

\_\_\_\_\_ **Urine** \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
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22. How can you prevent yourself from **Diabetes**?

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

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Research team

Tick in the appropriate box (es)

Serial No: 10

**Section A: Personal Profile**

- ix. Sex: Male  Female
- vi. Age: 39 years
- x. Marital Status: Married  Single  Divorced
- xv. Religion/Ethnic Group:  
Islam
- xvi. Where do you live? Port-Louis
- xvii. Occupation:  
Housewife
- xii. Highest Qualification you have: CPE
- xiii. Highest Qualification your parent(s) or guardian (s) have: \_\_\_\_\_  
\_\_\_\_\_

**Section B: Diabetes**

17. Have you ever heard about **Diabetes**?

- Yes  No

18. 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

Neighbours

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

\_\_\_\_\_ Sugar, diet, oil, cholesterol \_\_\_\_\_

19. (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?

\_\_\_\_\_

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

\_\_\_\_\_

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

Yes

No

13. (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?

\_\_\_\_\_ 1 \_\_\_\_\_

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

\_\_\_\_\_ Illness \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Thirst, gain weight / lose weight. \_\_\_\_\_

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

\_\_\_\_\_ Blood, general. \_\_\_\_\_

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

\_\_\_\_\_ Vaccination \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Lower sugar intake, drink a lot of water \_\_\_\_\_