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Note : Masters Theses

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Telephone OR face-to-face interview questionnaire

1. At your practice / service.
   a. Do you have access to a private room when consulting diabetes patients?  
      1 Yes  2 No
   b. Do you have personal access, to any of the following?  
      Read out all below
      1 Telephone  2 Computer  3 Printer (accept communal)  4 Email within clinic (computer to computer)
      5 Email to outside of clinic  6 Internet (Broadband – fast)  7 Internet (Dial up – slow)
      8 Other (please specify) ____________________________
   c. Where do you usually carry out the administrative work for your patients?
      1 A separate (or your own) room  2 A shared room  3 The receptionist/ office area
      4 Other ____________________________
   d. What activities & assessments do you routinely carry out during a diabetes consultation? (excluding “Get Checked”)  
      not prompted
      1 Weight  2 Blood pressure  3 Physical activity  4 Diet  5 Feet
      6 Advise / foot protection  7 Medication  8 Vision  9 Urine testing
      10 Self BGL’s 11 Other ____________________________
   e. Do you routinely check diabetes patient’s latest laboratory results?  
      1 Yes  2 No
      If yes, which results would you normally discuss with patients?  
      not prompted
      1 HbA1c  2 Total cholesterol  3 LDL cholesterol  4 HDL cholesterol
      5 Triglycerides (TAG’s)  6 Serum Creatinine  7 Microalbuminuria  8 Other ____________________________
   f. Do you ever give out the “Green Prescription”?  
      1 Yes  2 No
      If yes, what activity do you most often prescribe? ____________________________
      If no, is there a reason for this? ____________________________

2. Regarding your diabetes management.
   a. How would you rate your knowledge of best practice in the management of diabetes?
      1 Excellent  2 Very good  3 Good  4 Fair  5 Poor
   b. Are you aware of the New Zealand Guidelines, written for the “Management of Type 2 diabetes” (2003)?
      1 Yes  2 No
      If yes, do you use these guidelines in your practice?
      1 Always  2 Often  3 Sometimes  4 Rarely  5 Never

3. Regarding the detection of diabetes and its complications.
   a. What are the most important risk factors for getting type 2 diabetes?  
      not prompted but prompt
      characteristics about patients that alert you to suspect diabetes)
      1 Overweight  2 Hypertension
      3 Dyslipidaemia (and specify)  
         a) High TAG’s  b) High LDL-C or Total Chol.  c) Low HDL-C
      4 Lack of exercise  5 Age  6 Family History/ Genetic  7 Maori Ethnicity
      8 Pacific Island Ethnicity  9 Southern Asian Ethnicity  10 Other ____________________________
b Can you name the appropriate tests, to diagnose type 2 diabetes? (not prompted)

1 Fasting venous plasma ≥ 7mmol/L (x 2)
2 OGTT/GTT
3 Random venous > 11mmol/L (x 2)
4 Other __________________________

c What is the underlying pathology, or cause of? (not prompted)

a. Type 1: 1 Autoimmune (“and how does that lead to type 1”) 2 Destruction of β Cells
3 No insulin produced
4 Don’t know

b. Type 2: 1 Insulin Resistance (“and how does that lead to type 2”) 2 Lack of glucose into cells
3 Lack of insulin produced
4 Don’t know

4. Regarding the management of diabetes.

a What are the main complications or diseases that occur in people with diabetes? (not prompted)

1 Heart Disease 2 Stroke 3 PVD 4 Retinopathy 5 Renal Disease 6 Neuropathy
7 Ulcers / Wounds 8 Other ________________________________

b What are the main (modifiable) risk factors for diabetes complications? (not prompted)

1 High BGL’s 2 Hypertension 3 Smoking 4 High Cholesterol or LDL-C
5 Low HDL-C 6 High TAG’s 7 Lack of exercise 8 Other ________________________________

5. In your practice / service, how true are the following statements?

a You feel valued, as a skilled practitioner, in the management of diabetes.

1 Always 2 Often 3 Sometimes 4 Rarely 5 Never

b Your suggestions, regarding the management of patients with diabetes, would be taken seriously.

1 Always 2 Often 3 Sometimes 4 Rarely 5 Never

c You feel supported in your management of diabetes patients?

1 Always 2 Often 3 Sometimes 4 Rarely 5 Never

6. Regarding education: Would you like further diabetes education? 1 Yes 2 No

If yes, what areas would like further diabetes education in.

<table>
<thead>
<tr>
<th>Volunteered</th>
<th>Prompted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpretation of laboratory tests / results</td>
<td></td>
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<tr>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td>Cultural understanding</td>
<td></td>
</tr>
<tr>
<td>How to give lifestyle advice</td>
<td></td>
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</tbody>
</table>

7. Relating to your work and diabetes consultations?

a What days have you worked over the past week (last 7 days including yesterday)?

1 Monday 2 Tuesday 3 Wednesday 4 Thursday 5 Friday 6 Saturday 7 Sunday

Computer program ➔ random day selected is __________________________

a On _____________ how many hours did you work? _______hrs

b How many diabetes consultations did you carry out? _______ (number)

c How many of these were “Get checked” consultations? ____ (number) or Other special consult______________

Please refer to the notes, of the diabetes patient/s you consulted on __________________ (selected day)