**Study title:** Understanding participation in the national digital diabetes prevention programme

**A study about preventing type 2 diabetes:**

**questionnaire about the national diabetes prevention programme**

Understanding why people do or do not participate in the national diabetes prevention programme is important for improving the service for others. Whether or not you joined the programme your views are important.

In recognition of completing the questionnaire, you can claim a shopping voucher worth €10. Please see the next page for further details.

The questionnaire should take 10 to 15 minutes to complete.

For privacy, your completed questionnaire will be kept separate from your contact details, both in secure locations.

**Returning the Questionnaire**

Please post your completed questionnaire with the consent form to University College Cork using the [stamped](mailto:stamped) addressed envelope enclosed.

**Thank you in anticipation for your help in this research, which will benefit people’s future health and wellbeing**

**Your contact details**

We ask for your contact details: (1) to send your shopping vouchers and (2) to invite you to participate in a follow-up phone or online interview at a future date.

Please circle either **YES** or **NO** to each question below.

|  |  |  |
| --- | --- | --- |
| 1 | May we send you shopping vouchers worth €10 in recognition of your contribution to the research? | **YES / NO** |
| 2 | May we send you an invitation at a future date to participate in an online or phone interview? | **YES / NO** |

If you circled **YES** to either of the above, please give your contact details below:

Name: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you only circled YES to the shopping vouchers, we will delete your contact details after we have posted the vouchers out to you, otherwise we will keep them for the full duration of the study.

**Survey questionnaire**

Please circle one answer for each question. There are no right or wrong answers. If unsure how to answer a question, please give your best guess.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Please circle one answer for each question* | | | | |
| 1 | Have you ever received an invitation to join the HSE Diabetes Prevention Programme? | | | **YES / NO**  *If NO, please go to question 5* | |
| 2 | Did you understand why you were being invited? | **YES / PARTIALLY / NO** | | | |
| 3 | How many diabetes prevention programme sessions have you been to? | **NONE / 1 / 2 to 5 / 6 or more** | | | |
| 4 | **If you have attended one or more sessions, please circle one option**   1. I am currently attending the diabetes prevention programme 2. I have completed the diabetes prevention programme 3. I started the programme and wanted to complete it but other things got in the way 4. I stopped attending the programme because I felt it was not for me 5. I stopped attending the programme because I didn’t feel I was learning anything new   *Please give details or other reasons if you wish:*  ……………………………………………………………………………………………………………………… | | | | |
| 5 | Have you ever joined another programme or group for improving health?(like Weightwatchers or a walking group) | | | | **YES / NO** |
| *If yes, please give details:-* | | | | |
| 6 | Have you known anyone with diabetes? | | **YES / NO / UNSURE** | | |
| 7 | Have any of your parents, brothers or sisters had diabetes? | | **YES / NO / UNSURE** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **­­­­­­­­­­­­­­­­­­­­­­­­­­For each statement below, please circle ONE number only, to show how much you agree or disagree.**  *Some questions may seem similar, but please answer them all* | | | | *Circle the appropriate number* | | | | | | | | | |
| Agree strongly | | Agree | | | | Disagree | | | Disagree strongly |
| 8 | | | The programme can help me reduce my risk of diabetes | 1 | | 2 | | | | 3 | | | 4 |
| 9 | | | I am happy with my lifestyle as it is | 1 | | 2 | | | | 3 | | | 4 |
| 10 | | | My other health problems or disability are more of a priority than diabetes prevention | 1 | | 2 | | | | 3 | | | 4 |
|  |  | | *Circle the appropriate number* | | | | | | | | | |
|  |  | | Agree strongly | | | Agree | | Disagree | | | Disagree strongly | |
| 11 | | | Nothing I do can reduce my risk of getting diabetes | 1 | | 2 | | | | 3 | | | 4 |
| 12 | | | When all is said and done I can always solve difficult problems if I try hard enough | 1 | | 2 | | | | 3 | | | 4 |
| 13 | | | Diabetes is not a very serious illness | 1 | | 2 | | | | 3 | | | 4 |
| 14 | | | I have difficulties using health services due to language and culture | 1 | | 2 | | | | 3 | | | 4 |
| 15 | | | It is important that I manage my risk of getting diabetes | 1 | | 2 | | | | 3 | | | 4 |
| 16 | | | I have enough time to take care of my own health | 1 | | 2 | | | | 3 | | | 4 |
| 17 | | | I can look after my risk of diabetes without the help of a programme | 1 | | 2 | | | | 3 | | | 4 |
| 18 | | | The diabetes prevention programme couldn't tell me anything new | 1 | | 2 | | | | 3 | | | 4 |
| 19 | | | If I carry on as normal, there is a good chance that I will develop diabetes | 1 | | 2 | | | | 3 | | | 4 |
| 20 | | | I can remain calm when facing difficulties because I can rely on my coping abilities | 1 | | 2 | | | | 3 | | | 4 |
| 21 | | | I can do whatever is needed to reduce my risk of getting diabetes | 1 | | 2 | | | | 3 | | | 4 |
| 22 | | | My risk of developing diabetes is too low to worry about | 1 | | 2 | | | | 3 | | | 4 |
| 23 | | | I am confident that I can deal efficiently with unexpected events | 1 | | 2 | | | | 3 | | | 4 |
| 24 | | | It is too difficult for me to change my lifestyle to reduce my diabetes risk | 1 | | 2 | | | | 3 | | | 4 |
| 25 | | | Going to this programme requires a lot of effort | 1 | | 2 | | | | 3 | | | 4 |
|  | | | | *Circle the appropriate number* | | | | | | | | | |
|  | | | | Agree strongly | Agree | | | Disagree | | | Disagree strongly | | |
| 26 | | | If I am in trouble, I can usually think of a solution | 1 | | 2 | | | | 3 | | | 4 |

**How do you feel about caring for your health?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | *Circle the appropriate number* | | | |
|  |  | Agree strongly | Agree | Neutral | Disagree |
| 27 | I know enough about my health | 1 | 2 | 3 | 4 |
| 28 | I can look after my health | 1 | 2 | 3 | 4 |
| 29 | I can get help if I need it | 1 | 2 | 3 | 4 |
| 30 | I am involved in decisions about me | 1 | 2 | 3 | 4 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 31 | How would you rate your quality of life? (Please circle one)  **Very poor / Poor / Neither poor nor good / Good / Very good** | | | | | |
| 32 | Do you have enough energy for everyday life? (Please circle one)  **Not at all / A little / Moderately / Mostly / Completely** | | | | | |
| 33 | Have you enough money to meet your needs? (Please circle one)  **Not at all / A little / Moderately / Mostly / Completely** | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | *Circle the appropriate number* | | | | |
|  | | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 34 | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |
| 35 | How satisfied are you with your ability to perform your daily living activities? | 1 | 2 | 3 | 4 | 5 |
| 36 | How satisfied are you with yourself? | 1 | 2 | 3 | 4 | 5 |
| 37 | How satisfied are you with your personal relationships? | 1 | 2 | 3 | 4 | 5 |
| 38 | How satisfied are you with the conditions of your living space? | 1 | 2 | 3 | 4 | 5 |

**During the past month.…**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *Circle the appropriate number* | | | | | |
|  |  | All of the time | Most  of the time | A good bit of the time | Some of the time | A little of the time | None  of the time |
| 39 | Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 40 | Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 41 | Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 42 | Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 43 | Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 44 | In general, would you say your health is: *(please circle one answer)*  **Excellent / Very good / Good / Fair / Poor** | | | | | | |
| 45 | How often do you need help to understand written material such as instructions and leaflets from your doctor or pharmacy? *(please circle one)*  **Never / Rarely / Sometimes / Often / Always** | | | | | | |
| 46 | Which of these best describes your current occupation? *(please circle one)*  **a. In paid work (full/part time or self-employed)**  **b. Unemployed**  **c. Looking after family / home**  **d. Voluntary work**  **e. Not working due to disability or ill-health**  **f. Retired**  **g. In education or training**  **h. Other, please give details………………………………………………………….** | | | | | | |
| 47 | What is your ethnic group? *(please circle one)*  **A: White**  1. Irish  2. Irish Traveller  3. Roma  4. Any other White background  **B: Black or Black Irish**  5. African  6. Any other Black background  **C: Asian or Asian Irish**  7. Chinese  8. Indian/Pakistani/Bangladeshi  9. Any other Asian background  **D: Other, including mixed group/background**  10. Arab  11. Mixed, write in description ……………………………………………………………….  12. Other, write in description ……………………………………………………………….. | | | | | | |
| 48 | What is the highest level of education that you have completed to date? *(please circle one)*  **None / Primary / Junior Certificate / Leaving Certificate / Degree / Other**  If other please state…………………………………………………………………………….. | | | | | | |
| 49 | What is your gender? *(Please write below)*  …………………………………………………………………………………………………. | | | | | | |
| 50 | How old are you?..............................years | | | | | | |
| 51 | How many adults do you live with? ……………………………………………  How many children do you live with?............................................ | | | | | | |
| 52 | How confident are you in your ability to take part in an online programme?  (Please circle one)  **Very unconfident / Unconfident / Neither confident nor unconfident /**  **Confident / Very confident** | | | | | | |

If you have any queries or problems, please leave a message for the researcher Clair Haseldine at University College Cork at 086 031 8227 or email [chaseldine@ucc.ie](mailto:chaseldine@ucc.ie)

Please post this questionnaire with the consent form back to us in the prepaid envelope.

If you felt any distress while filling out this questionnaire and you feel you need further support you could contact your own healthcare provider

Thank you.

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