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Participant sticker

The ADDITION Study:
a study about screening for diabetes

ISRCTN 99175498

One Year General Questionnaire

SELF ADMINISTERED

**PLEASE BRING THIS COMPLETED
QUESTIONNAIRE WITH YOU TO YOUR ONE
YEAR MEASUREMENT APPOINTMENT**

Please try to answer all the questions

**If you have any queries, please ask one of the staff
Your answers will be treated as confidential and
will only be used for medical research**

A1. Has a doctor ever told you that you have heart trouble? Yes [] No []

A2. Have you ever had any pain or discomfort in your chest? Yes [] No []

If no, proceed to Question 7
If yes, please answer the next question

A3. Do you get it when you walk uphill or hurry? Yes [] No []

A4. Do you get it when you walk at an ordinary pace on the level? Yes [] No []

A5. What do you do if you get it while you are walking?
Stop or slow down []
Carry on []

A6. If you stand still, what happens to it?
It goes away []
It remains the same or gets worse []

A7. Do you often feel faint or have spells of severe dizziness? Yes [] No []

A8. Has a doctor ever told you that your blood pressure was too high? Yes [] No []

A9. If you have been told that your blood pressure was too high, are you now on treatment?
Yes [] No []

A10. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?
Yes [] No []

Section B HEALTH SERVICE USE PREVIOUS 3 MONTHS

(Adapted from HSRU Aberdeen)

1. During the last **3 months** have you been admitted to hospital for overnight or day case care?
Please circle the appropriate answer below.

Yes (Please fill in the table below)

No (Please go to question 2)

Name of Hospital	Date of Admission	Reason for Admission	Number of nights in hospital
Eg. Addenbrooke's Hospital Cambridge	January 2002	Hip Replacement	6

2. During the last 3 months have you visited any other healthcare professionals? Please write the information in the table below.

Healthcare Professional	Number of Visits	Location
Eg. General Practitioner (GP)	5	3 at Newmarket Rd Surgery, 1 home visit, 1 telephone consultation
General Practitioner (GP)		
Nurse		
Accident and Emergency department		
Hospital doctor for outpatient clinic		
Physiotherapist		
Chiropodist		
Dietician		
Optician		
Other (please specify)...		

The second row of the table gives an example of how we would like you to complete the table. Please write zero if there were no visits to each of the professionals listed.

3. During the last **3 months**, what medications (including vitamins, tablets, capsules, inhalers, injections, creams, lotions and mixtures) have you used on a **regular basis** (ie more than once a week)? Please write the information in the table below. The drug 'Glucophage' is given as an example of how we would like you to complete the table. You may find it helpful to look on the packaging of your medication for some of the details.

Name	Strength	Dosage form (eg tablets, injection, ointment, etc)	Number of times daily that you normally use this medication	How many weeks ago did you start using the medication? (If more than 3 months, please write 'more than 3 months'.	How many weeks ago did you stop using the medication? (If you still use the medication please write 'continuing'.
Eg. Glucophage	500mg	Tablets	3	50 weeks	Continuing

4. During the last **3 months**, what medications or medical devices (including home blood tests, vitamins, tablets, etc) have you used on an occasional **when needed** basis?

In the table below, please write the name, strength and dosage form of each medication and how often you have used each medication over the last 3 months

Name	Strength	Dosage form (eg tablets, injection, ointment etc)	How often have you used the medication over the last 3 months?
Eg. Aspirin	300mg	Tablets	On 8 occasions

Section C

- Many people find a way of using their medicines or pills which suits them.
- This may differ from the instructions on the label or what their doctor has said.
- We would like to ask you a few questions about how you use your medicines or pills.
- Here are some ways in which other people have said they use their medicines.

For each of the statements, please tick the box that best describes how you have used your medicines or pills in **the last month.**

There are no right or wrong answers. We are interested in your personal views.

QUESTIONS ABOUT USING MEDICINES PRESCRIBED FOR YOU

For each statement, please place a tick in one box

	In relation to the last month:	Always	Often	Some-times	Rarely	Never
d1_m1	I forgot to take my medicines					
d1_m2	I altered the dose of my medicines					
d1_m3	I stopped taking my medicines for a while					
d1_m4	I decided to miss out a dose					
d1_m5	I took less than instructed					

QUESTIONS ABOUT USING YOUR DIABETES MEDICINES

For each statement, please place a tick in one box

	In relation to the last month:	Always	Often	Some-times	Rarely	Never
d1_m1	I forgot to take my diabetes medicines					
d1_m2	I altered the dose of my diabetes medicines					
d1_m3	I stopped taking my diabetes medicines for a while					
d1_m4	I decided to miss out a dose					
d1_m5	I took less than instructed					

Section D

Health Status

The following questions ask you for your views about your health, how you feel and how well you are able to do your usual activities.

If you are unsure how to answer please give the best answer you can and make any comments at the end of the section.

Please tick one answer.

1. In general would you say your health is:
- | | | |
|-----------|---|---|
| Excellent | [|] |
| Very Good | [|] |
| Good | [|] |
| Fair | [|] |
| Poor | [|] |

2. Compared to one year ago how would you rate your health in general now?

- | | | |
|---------------------------------|---|---|
| Much better than one year ago | [|] |
| Somewhat better than a year ago | [|] |
| About the same | [|] |
| Somewhat worse than a year ago | [|] |
| Much worse than a year ago | [|] |

Health and daily Activities

3. The following questions are about activities you might do during a typical day. Does your health limit you in these activities?

Please tick one box on each line

	Yes limited a lot	Yes limited a little	No not limited at all
Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports			
Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf			
Lifting or carrying groceries			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling or stooping			
Walking more than one mile			
Walking half a mile			
Walking 100 yards			
Bathing and dressing yourself			

4. During the **past four weeks** have you had any of the following problems with your work or other regular daily activities **as a result of your physical health** ?

Answer yes or no to each question

	Yes	No
Cut down on the amount of time you spent on work or other activities	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Accomplished less than you would like	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Were limited in the Kind of work or other activities	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Had difficulty performing the work or other activities (e.g. it took extra effort)	[<input type="checkbox"/>]	[<input type="checkbox"/>]

5. During the **past four weeks**, have you had any of the following problems with your work or other daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	Yes	No
Cut down on the amount of time you spent on work or other activities	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Accomplished less than you would like	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Didn't do work or other activities as carefully as usual	[<input type="checkbox"/>]	[<input type="checkbox"/>]

6. During the **past four weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups ?

Please tick one

Not at all [] Slightly [] Moderately [] Quite a bit [] Extremely []

7. How much **bodily** pain have you had during the **past four weeks** ?

Please tick one

None [] Very mild [] Mild [] Moderate [] Severe [] Very severe []

8. During the **past four weeks**, how much did pain interfere with your normal work (including work outside the home and housework)?

Please tick one

Not at all [] Slightly [] Moderately [] Quite a bit [] Extremely []

9. These questions are about how you feel and how things have been with you **during the past month**. (For each question, please indicate the one answer that comes closest to the way you have been feeling)

How much time during the past month	<i>All of the time</i>	<i>Most of the time</i>	<i>A good bit of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
Did you feel full of life?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt downhearted and low?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						
Has your health limited your social activities (like visiting friends or close relatives)?						

10. Please choose the answer that best describes how **true** or **false** each one of the following statements is for you.

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
I seem to get ill more easily than other people					
I am as healthy as any body I know					
I expect my health to get worse					
My health is excellent					

Please mark one box only when answering the following question:

Compared with my general level of health over the past 12 months, my health state today is :

Better []
 Much the same []
 Worse []

Section E

ADDQoL

This questionnaire asks about your quality of life and the effects of your diabetes on your quality of life. Your quality of life is how good or bad you feel your life to be.

Please shade the circle which best indicates your response on each scale.

There are no right or wrong answers; we just want to know how you feel about your life now.

In general, my present quality of life is:						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
excellent	very good	good	neither good nor bad	bad	very bad	extremely bad

For the next statement please consider the effects of your diabetes, its management and any complications you may have.

If I did not have diabetes, my quality of life would be:						
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very much better	much better	a little better	the same	a little worse	much worse	very much worse

Please respond to the 18 more specific statements on the pages that follow.

For each statement, please consider the effects of your diabetes, its management and any complications you may have on the aspect of life described by the statement.

<p>In each of the following boxes:</p> <p>shade a circle to show how diabetes affects this aspect of your life;</p> <p>shade a circle to show how important this aspect of your life is to your quality of life.</p> <p>Some statements have a “not applicable” option. Please shade this “not applicable” circle if that aspect of life does not apply to you.</p>

<p>1a) If I did not have diabetes, my working life and work-related opportunities would be:</p> <p><input type="radio"/> very much better <input type="radio"/> much better <input type="radio"/> a little better <input type="radio"/> the same <input type="radio"/> a little worse <input type="radio"/> much worse <input type="radio"/> very much worse</p>	<input type="radio"/> not applicable
<p>1b) This aspect of my life is:</p> <p><input type="radio"/> very important <input type="radio"/> important <input type="radio"/> somewhat important <input type="radio"/> not at all important</p>	

<p>2a) If I did not have diabetes, my family life would be:</p> <p><input type="radio"/> very much better <input type="radio"/> much better <input type="radio"/> a little better <input type="radio"/> the same <input type="radio"/> a little worse <input type="radio"/> much worse <input type="radio"/> very much worse</p>	<input type="radio"/> not applicable
<p>2b) This aspect of my life is:</p> <p><input type="radio"/> very important <input type="radio"/> important <input type="radio"/> somewhat important <input type="radio"/> not at all important</p>	

<p>3a) If I did not have diabetes, my friendships and social life would be:</p> <p><input type="radio"/> very much better <input type="radio"/> much better <input type="radio"/> a little better <input type="radio"/> the same <input type="radio"/> a little worse <input type="radio"/> much worse <input type="radio"/> very much worse</p>
<p>3b) This aspect of my life is:</p> <p><input type="radio"/> very important <input type="radio"/> important <input type="radio"/> somewhat important <input type="radio"/> not at all important</p>

<p>4a) If I did not have diabetes, my sex life would be:</p> <p><input type="radio"/> very much better <input type="radio"/> much better <input type="radio"/> a little better <input type="radio"/> the same <input type="radio"/> a little worse <input type="radio"/> much worse <input type="radio"/> very much worse</p>	<input type="radio"/> not applicable
<p>4b) This aspect of my life is:</p> <p><input type="radio"/> very important <input type="radio"/> important <input type="radio"/> somewhat important <input type="radio"/> not at all important</p>	

5a) If I did not have diabetes, my physical appearance would be:

<input type="radio"/>						
very much better	much better	a little better	the same	a little worse	much worse	very much worse

5b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

6a) If I did not have diabetes, the things I could do physically would be:

<input type="radio"/>						
very much increased	much increased	a little increased	the same	a little decreased	much decreased	very much decreased

6b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

7a) If I did not have diabetes, my holidays or leisure activities would be:

<input type="radio"/>						
very much better	much better	a little better	the same	a little worse	much worse	very much worse

7b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

8a) If I did not have diabetes, ease of travelling (local or long distance) would be:

<input type="radio"/>						
very much better	much better	a little better	the same	a little worse	much worse	very much worse

8b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

9a) If I did not have diabetes, my confidence in my ability to do things would be:

very much increased
 much increased
 a little increased
 the same
 a little decreased
 much decreased
 very much decreased

9b) This aspect of my life is:

very important
 important
 somewhat important
 not at all important

10a) If I did not have diabetes, my motivation to achieve things would be:

very much increased
 much increased
 a little increased
 the same
 a little decreased
 much decreased
 very much decreased

10b) This aspect of my life is:

very important
 important
 somewhat important
 not at all important

11a) If I did not have diabetes, the way society at large reacts to me would be:

very much better
 much better
 a little better
 the same
 a little worse
 much worse
 very much worse

11b) This aspect of my life is:

very important
 important
 somewhat important
 not at all important

12a) If I did not have diabetes, my worries about the future would be:

very much decreased
 much decreased
 a little decreased
 the same
 a little increased
 much increased
 very much increased

12b) This aspect of my life is:

very important
 important
 somewhat important
 not at all important

13a) If I did not have diabetes, my finances would be:

<input type="radio"/>						
very much better	much better	a little better	the same	a little worse	much worse	very much worse

13b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

14a) If I did not have diabetes, my need to depend on others for things I would like to do for myself would be:

<input type="radio"/>						
very much decreased	much decreased	a little decreased	the same	a little increased	much increased	very much increased

14b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

15a) If I did not have diabetes, my living conditions would be:

<input type="radio"/>						
very much better	much better	a little better	the same	a little worse	much worse	very much worse

15b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

16a) If I did not have diabetes, my freedom to eat as I wish would be:

<input type="radio"/>						
very much increased	much increased	a little increased	the same	a little decreased	much decreased	very much decreased

16b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

17a) If I did not have diabetes, my enjoyment of food would be:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very much increased	much increased	a little increased	the same	a little decreased	much decreased	very much decreased

17b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

18a) If I did not have diabetes, my freedom to drink as I wish (e.g. sweetened hot and cold drinks, fruit juice, alcohol) would be:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very much increased	much increased	a little increased	the same	a little decreased	much decreased	very much decreased

18b) This aspect of my life is:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
very important	important	somewhat important	not at all important

If there are any other ways in which diabetes, its management and any complications affect your quality of life, please say what they are below:

Section F

The Diabetes Treatment Satisfaction Questionnaire: DTSQs

The following questions are concerned with the treatment for your diabetes (including insulin, tablets and/or diet) and your experience over the past few weeks. Please answer each question by circling a number on each of the scales.

1. How satisfied are you with your current treatment?
very satisfied 6 5 4 3 2 1 0 very dissatisfied

2. How often have you felt that your blood sugars have been unacceptably high recently?
most of the time 6 5 4 3 2 1 0 none of the time

3. How often have you felt that your blood sugars have been unacceptably low recently?
most of the time 6 5 4 3 2 1 0 none of the time

4. How convenient have you been finding your treatment to be recently?
very convenient 6 5 4 3 2 1 0 very inconvenient

5. How flexible have you been finding your treatment to be recently?
very flexible 6 5 4 3 2 1 0 very inflexible

6. How satisfied are you with your understanding of your diabetes?
very satisfied 6 5 4 3 2 1 0 very dissatisfied

7. Would you recommend this form of treatment to someone else with your kind of diabetes?
Yes, I would definitely recommend the treatment 6 5 4 3 2 1 0 No, I would definitely not recommend the treatment

8. How satisfied would you be to continue with your present form of treatment?
very satisfied 6 5 4 3 2 1 0 very dissatisfied

Please make sure that you have circled one number on each of the scales.

Section G

Well-being Questionnaire (W-BQ28)

Please circle a number on each of the following scales to indicate how often you feel each phrase has applied to you in the past few weeks:

		All the time	Often	Sometimes	Not at all
1.	I have crying spells or feel like it	3	2	1	0
2.	I feel downhearted and blue	3	2	1	0
3.	I feel afraid for no reason at all	3	2	1	0
4.	I get upset easily or feel panicky	3	2	1	0
5.	I feel energetic, active or vigorous	3	2	1	0
6.	I feel dull or sluggish	3	2	1	0
7.	I feel tired, worn out, used up, or exhausted	3	2	1	0
8.	I have been waking up feeling fresh and rested	3	2	1	0
9.	I have been happy, satisfied, or pleased with my personal life	3	2	1	0
10.	I have lived the kind of life I wanted to	3	2	1	0
11.	I have felt eager to tackle my daily tasks or make new decisions	3	2	1	0
12.	I have felt I could easily handle or cope with any serious problem or major change in my life	3	2	1	0
13.	I feel that too many demands are made on me	3	2	1	0
14.	I feel frustrated by obstacles which occur in my life	3	2	1	0
15.	I have too many problems to cope with	3	2	1	0
16.	I feel stressed	3	2	1	0

... / cont'd

Please note that the following items are concerned with the effects of your diabetes:

		All the time	Often	Sometimes	Not at all
17.	Talking or thinking about my diabetes gets me upset or feeling downhearted	3	2	1	0
18.	Because of my diabetes I get depressed	3	2	1	0
19.	I worry about the management of my diabetes	3	2	1	0
20.	Because of my diabetes I worry about the future	3	2	1	0
21.	Managing my diabetes means I have too many things to do	3	2	1	0
22.	I feel frustrated that I have to live with diabetes	3	2	1	0
23.	I feel stressed by keeping to a schedule with my diabetes	3	2	1	0
24.	I feel irritated by my diabetes	3	2	1	0
25.	I feel well adjusted to my diabetes	3	2	1	0
26.	I feel a sense of satisfaction from managing my diabetes	3	2	1	0
27.	I feel positive about my diabetes management	3	2	1	0
28.	I feel I can cope with the challenges my diabetes might present	3	2	1	0

Please make sure that you have considered each of the 28 statements and have circled a number on each of the 28 scales.

Section H

Please rate the following statements about the consultations you have had about diabetes with your general practitioner over the last year. *Please tick one box for each statement and answer every statement.*

<i>How was the general practitioner at.....</i>	Poor	Fair	Good	Very Good	Excellent	Too Few Contacts To Judge
1. Making you feel at ease..... <i>(things like being friendly and warm towards you, treating you with respect; not cold or abrupt)</i>						
2. Letting you tell your “ story” <i>(giving you time to fully describe your illness in your own words; not interrupting or diverting you)</i>						
3. Really listening <i>(paying close attention to what you were saying; not looking at the notes or computer as you were talking)</i>						
4. Being interested in you as a whole person <i>(asking/knowing relevant details about your life, your situation; not treating you as “just a number”)</i>						
5. Fully understanding your concerns..... <i>(communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)</i>						
6. Showing care and compassion..... <i>(showing genuine concern and caring; connecting with you on an emotional or “human” level; not being indifferent or “detached”)</i>						
7 . Being Positive..... <i>(having a positive approach and attitude; being honest but not being negative about your problems)</i>						
8. Explaining things clearly..... <i>(answering your questions clearly, giving you adequate information; not being vague)</i>						
9. Helping you to take control..... <i>(exploring with you what you can do to improve your health yourself, encouraging rather than “lecturing” you)</i>						
10. Making a plan of action with you ... <i>(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</i>						

Comments

Please rate the following statements about the consultations you have had about diabetes with your practice nurse over the last year. *Please tick one box for each statement and answer every statement.*

<i>How was the nurse at.....</i>	Poor	Fair	Good	Very Good	Excellent	Too Few Contacts To Judge
1. Making you feel at ease..... <i>(things like being friendly and warm towards you, treating you with respect; not cold or abrupt)</i>						
2. Letting you tell your “ story” <i>(giving you time to fully describe your illness in your own words; not interrupting or diverting you)</i>						
3. Really listening <i>(paying close attention to what you were saying; not looking at the notes or computer as you were talking)</i>						
4. Being interested in you as a whole person <i>(asking/knowing relevant details about your life, your situation; not treating you as “just a number”)</i>						
5. Fully understanding your concerns..... <i>(communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)</i>						
6. Showing care and compassion..... <i>(showing genuine concern and caring; connecting with you on an emotional or “human” level; not being indifferent or “detached”)</i>						
7 . Being Positive..... <i>(having a positive approach and attitude; being honest but not being negative about your problems)</i>						
8. Explaining things clearly..... <i>(answering your questions clearly, giving you adequate information; not being vague)</i>						
9. Helping you to take control..... <i>(exploring with you what you can do to improve your health yourself, encouraging rather than “lecturing” you)</i>						
10. Making a plan of action with you ... <i>(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</i>						

Comments

Section I

This questionnaire is designed to help us understand what you think about diabetes and its care

Please could you answer the following questions by placing a tick in the box next to the statements which you feel are the best answers in your view. Tick as many as you feel apply.

1. A suitable diet for a person with diabetes is:

- A high fibre diet
- A low fat diet
- Carbohydrate with each meal
- Little refined sugar
- No starch
- I do not know

2. There is a lot of refined sugar in:

- Bread
- Mars Bars
- Potatoes
- Shortbread biscuits
- None of these
- I do not know

3. Which of the following are true?

- Poor control of my diabetes may result in complications later
- Blood and urine testing is only necessary when symptoms occur
- A little sugar in the urine is a good thing
- I will have diabetes for the rest of my life
- Eye examination is not needed if diabetes is fully controlled
- It does not matter if my diabetes is not fully controlled as long as I do not have a coma

4. Good foot care includes

- Cutting corns regularly myself
- Checking my feet for sores
- Walking barefooted
- Using a hot water bottle to warm cold feet
- Wearing well-fitted socks and shoes
- Feeling inside shoes regularly
- I do not know

5. Keeping diabetes controlled over the years can lower the risk of damage to:

- The stomach
- Nerves of the feet
- The kidneys
- The lungs
- The eyes
- The hearing
- I do not know

6. High blood or urine sugar tests can be caused by:

- A delayed meal
- Being less active than usual
- Drinking alcohol
- Getting an infection
- Emotional stress
- I do not know

7. If my urine or blood tests start to show increased sugar it would be sensible to consider:

- Resting 4-5 hours
- Checking my diet is correct
- Doing some extra exercise
- Checking for infections
- Eating less at meal times
- I do not know what to do

8. Common symptoms of hypoglycaemia (low blood sugar) are:

- Feeling hungry and sweaty
- Blurred vision
- Feeling sick and very thirsty
- Feeling faint
- Slurred speech
- Passing a lot of urine
- I do not know

9. If I experience symptoms of hypoglycaemia (low blood sugar) I should:

- Take extra tablets or insulin for my diabetes
- Continue what I am doing until it passes off
- Eat or drink something sweet
- Drive myself to hospital
- Do some extra exercise
- I do not know

Diabetes Knowledge: Diabetes Care from Diagnosis

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS