

Self-Management Questionnaire

Some people tell us that what they learn on the DAFNE course can be difficult to follow once they have finished the course. We would like to know how you have managed so that we can further improve the DAFNE course and follow-up arrangements to better suit people's needs. Please answer the following questions as honestly and accurately as you can.

Please think about the **last 2 weeks** when you are answering the questions.

1. (a) On average, over the last 2 weeks, how many blood tests have you done each day? *Please mark one answer.*

0	1	2	3	4	5	6	7 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. (b) On average, over the last 2 weeks, how often did you record those blood tests in your DAFNE diary*? *Please mark one answer.*

Never	Rarely	Sometimes	Often	All of the time
	(about 25% of the time)	(about 50% of the time)	(about 75% of the time)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. (a) Over the last 2 weeks, how often did you use carbohydrate counting to work out your insulin dose? *Please mark one number.*

Never	Rarely	Sometimes	Often	All of the time
	(about 25% of the time)	(about 50% of the time)	(about 75% of the time)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* DAFNE Diary: paper or electronic but in DAFNE format with blood glucose levels, carbohydrate portions (CPs), insulin and correction doses.

2. (b) Over the last 2 weeks how often did you record carbohydrate portions (CPs) in your DAFNE diary? *Please mark one answer.*

Never	Rarely	Sometimes	Often	All of the time
	(about 25% of the time)	(about 50% of the time)	(about 75% of the time)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. (a) Over the last 2 weeks, on how many days did you look at your DAFNE diary to reflect on and review your blood glucose levels? *Please mark one answer.*

None	1-4 days	5-9 days	10-13 days	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. (b) Over the last 2 weeks did you ever adjust your insulin ratios or background insulin (BI) based on information you recorded in your DAFNE diary? *Please mark one answer.*

Yes

No

Did not need to

*Adjusted insulin but not
using DAFNE diary*

When answering the following questions, please think about your experience over the last 2 weeks or state what you would normally do if this has not been your experience in the last 2 weeks.

4. (a) Over the last 2 weeks, did you have any high pre-meal blood glucose levels that needed correcting with extra quick acting (QA) insulin?

Yes

No

4. (b) On average, how much of the time do you correct high pre-meal blood glucose levels? *Please mark one answer.*

Never

Rarely

(about 25% of
the time)

Sometimes

(about 50% of
the time)

Often

(about 75% of
the time)

All of the time

4. (c) Above what blood glucose level would you correct high pre-meal blood glucose with extra quick acting (QA) insulin?

Please write:

5. (a) Over the last 2 weeks, did you have any low pre-meal blood glucose levels that needed correcting with less quick acting (QA) insulin?

Yes

No

5. (b) On average, how much of the time do you correct low pre-meal blood glucose levels? *Please mark one answer.*

Never

Rarely

(about 25% of
the time)

Sometimes

(about 50% of
the time)

Often

(about 75% of
the time)

All of the time

5. (c) Below what blood glucose level would you correct low, pre-meal blood glucoses with less quick acting (QA) insulin?

Please write: .

6. At which of these blood glucose levels have you treated your hypos over the last 2 weeks? *Please tick **all** that apply.*

less than
2.5 mmol/l

2.6-3.5
mmol/l

3.6-4.5
mmol/l

4.6-5.5
mmol/l

Greater than
5.5 mmol/l

It depends on how I feel I
would not always test

7. Do you apply DAFNE principles with regards to:

a) physical activity (e.g. swimming, gardening, DIY, walking)

Yes

No

b) alcohol

Yes

No

c) illness

Yes

No

Thank you for taking the time to fill in this questionnaire. Please hand this in to us or return it in the pre-paid envelope.

Sustaining DAFNE Principles

People sometimes tell us that they have difficulty following some of the DAFNE principles over time. To further improve the DAFNE course and follow-up support, we would like to know how you have managed **since attending your course** and over time. Please answer the following questions as honestly and accurately as you can.

1. (a) Since **completing** your DAFNE course, have you made any changes to your quick-acting (QA) insulin ratios? *Please mark one answer.*

Yes

No

Don't know

1. (b) Did you make this decision...? *Please tick all that apply.*

Independently

After seeking advice from a healthcare professional

In response to advice received from a healthcare professional (e.g. at a clinical review)

Other (*please specify*) _____

2. (a) Since **completing** your course, have you made any changes to your background insulin (BI) doses? *Please mark one answer.*

Yes

No

Don't know

2. (b) Did you make this decision...?...? *Please tick all that apply.*

Independently

After seeking advice from a healthcare professional

In response to advice received from a healthcare professional (e.g. at a clinical review)

Other (*please specify*) _____

3. How, in the future, would you make a change to either quick-acting ratios or background insulin? *Please tick all that apply.*

Independently

By seeking advice from a healthcare professional

Wait until next review appointment to speak with a healthcare professional

Don't know

Other (*please specify*) _____

4. (a) In a typical week, how many times do you use corrective doses of insulin? *Please mark one answer.*

0 – 3

4 – 6

7 – 10

11 – 14

>15

4. (b) In a typical week, do you think the number of corrective doses of insulin you use is...? *Please mark one answer.*

About right

Less than I should

More than I should

5. When reviewing your blood glucose readings, what timeframe best reflects your experiences? *Please mark one answer.*

I focus on readings from the previous day

I focus on readings over 2 to 3 days

I focus on readings over 4 to 7 days

I focus on readings over longer periods of time

I do not regularly review readings

6. (a) What blood glucose targets are you **currently** aiming to achieve?

Pre-breakfast ___ to ___ or less than ___ Don't know

Pre-lunch ___ to ___ or less than ___ Don't know

Pre-dinner ___ to ___ or less than ___ Don't know

Pre-bed ___ to ___ or less than ___ Don't know

6. (b) On **completing** your course, what blood glucose targets were you aiming to achieve?

Pre-breakfast ___ to ___ or less than ___ Don't know

Pre-lunch ___ to ___ or less than ___ Don't know

Pre-dinner ___ to ___ or less than ___ Don't know

Pre-bed ___ to ___ or less than ___ Don't know

7. Looking back, do you think you received the best format of DAFNE delivery?

Please mark one answer.

- I attended a 1 week course, I think this format would be better than a 5 week course
- I attended a 1 week course, but think a 5 week course would have been better
- I attended a 5 week course, I think this format would be better than a 1 week course
- I attended a 5 week course, but think a 1 week course would have been better
- I do not think that one format would be better than the other

8. If you were to be offered further follow-up support, would you prefer this to be?

Please mark one answer.

- In a group setting
- In a group setting, followed by some individual input
- On an individual basis, face-to-face with a health care professional
- On an individual basis, via telephone with a health care professional
- On an individual basis, via e-mail / online with a health care professional
- Other (please specify) _____