



Instructions

Please complete the questionnaire, making sure you reply to all the questions. This should take you about 20 minutes.

If you have difficulties completing the questionnaire, please ask someone else to help you. However, it is your answers that we are interested in.

Questions or help?

If you have any questions or need any help please contact the research team on freephone 0800 9151 664 or via email at YourHealth@dphpc.ox.ac.uk.

Need help with translation?

Please ring 0800 9151 664

Please return the questionnaire in the enclosed pre-paid envelope

DIABETES HEALTH PROFILE (DHP-18)

Your Diabetes and You

The following questions ask about your feelings and the effect that diabetes may have on your life.

Please answer each question by ticking the box that best describes you and your diabetes.

Please make sure that you tick only one box for each question.

Thank you.

	Always ▼	Usually ▼	Sometimes ▼	Never ▼
1. Does food control your life?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
2. Does having diabetes mean it is difficult staying out late?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
3. Does having diabetes mean your days are tied to meal times?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
4. Do you avoid going out if your sugars are on the low side?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
5. Do you have problems keeping to your diet because you eat to cheer yourself up?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
6. Do you lose your temper if people keep on at you about sugar testing or diet?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
7. Do you have problems keeping to your diet because you find it hard to say no to food you like?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
	Very much more ▼	A lot more ▼	A few more ▼	Not at all ▼
8. Are there more arguments or upsets at home than there would be if you did not have diabetes?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

		Very easy ▼	Quite easy ▼	Not very easy ▼	Not at all easy ▼
9.	When you start eating how easy do you find it to stop?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
		Very likely ▼	Quite likely ▼	Not very likely ▼	Not at all likely ▼
10.	How likely are you to eat something extra when you feel bored or fed up?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
		Very much ▼	A lot ▼	A little ▼	Not at all ▼
11.	Because of your diabetes do you worry about getting colds or flu?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
12.	Do you wish there were not so many nice things to eat?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
13.	Do you find it frightening or worrying going into busy or crowded shops?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
14.	Do you get edgy when out and there is nowhere to eat?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
		Very often ▼	Often ▼	Sometimes ▼	Never ▼
15.	Because of your diabetes do you get depressed?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
16.	Does your diabetes cause you to lose your temper or shout?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
17.	Do you get touchy or moody about diabetes?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
18.	Do you find yourself losing your temper over small things?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

19. Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

20. Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

21. Usual Activities (*e.g. work, study, housework, family or leisure activities*)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

22. Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

23. Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

24. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**

Best
imaginable
health state

100

90

80

70

60

50

40

30

20

10

0

Worst
imaginable
health state

About you

The following questions will help us see how health varies between different people.

25. Are you male or female?

- Male
 Female

26. How old are you?

- | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 65 to 74 |
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 75 to 84 |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> 85 or over |

27. Which of these best describes what you are doing at present? If more than one of these applies to you, please tick the main ONE only.

- | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Full-time paid work (30 hours or more each week) | <input type="checkbox"/> Permanently sick or disabled |
| <input type="checkbox"/> Part-time paid work (under 30 hours each week) | <input type="checkbox"/> Fully retired from work |
| <input type="checkbox"/> Full-time education at school, college or university | <input type="checkbox"/> Looking after the home |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Doing something else |

28. Have you been told by a doctor that you have any of the following? Please tick all that apply.

- | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Heart disease (for example angina, heart attack or heart failure) | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diseases of the nervous system (for example Parkinson's disease or multiple sclerosis) |
| <input type="checkbox"/> Problems caused by a stroke | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Leg pain when walking due to poor circulation | <input type="checkbox"/> Cancer (within the last 5 years) |
| <input type="checkbox"/> Lung disease (for example asthma, chronic bronchitis or emphysema) | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |

29. How many years ago did you first receive a diagnosis for your diabetes?

____ years ____ months

30. What is your ethnic group?

Choose one section from A to E below, then select the appropriate option to indicate your ethnic group.

A. White

- British
- Irish
- Any other White background, please write in: _____

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in: _____

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in: _____

D. Black or Black British

- Caribbean
- African
- Any other Black background, please write in: _____

E. Chinese or other ethnic group

- Chinese
- Any other ethnic group, please write in: _____

31. What is the first part of your postcode? _ _ _ _

32. Did you have any help with completing this questionnaire?

- Yes
 - No
-

If you have any other comments, please write them in the space below.

Thank you for completing this questionnaire.

Please return it to the research team in the enclosed pre-paid envelope.
