

Questionnaire “Time needed to manage your diabetes” applied in the field test

Think about the time you need to manage your diabetes. This not only means the time needed for your diabetes therapy, but also the time you spend on other activities related to your diabetes, such as additional skin and foot care, planning meals, taking exercise, etc.

Within the last 7 days, have you spent time on the following activities due to your diabetes and if so how much?

Activities related to your diabetes		Time spent due to diabetes	
01	Self-testing blood glucose, including keeping a record of blood glucose levels	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
02	Monitoring blood pressure	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
03	Taking oral antidiabetic medication	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
04	Injecting insulin, including keeping a record of the amount injected	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
05	Injecting other medication for diabetes, e.g. Byetta or Victoza	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
06	Additional foot care due to diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
07	Additional skin care due to diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
08	Shopping for medicines, care products, special shoes or other health items necessary because of your diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days

Activities related to your diabetes		Time spent due to diabetes	
09	Buying food <i>Please only take into account any additional time you yourself need in relation to diabetes</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
10	Cooking <i>Please take into account only the additional time you yourself need in relation to diabetes</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
11	Physical activity or exercise <i>Please take into account only the additional time needed in relation to diabetes</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
12	Decisions regarding your therapy or nutrition, <i>e.g. changing insulin dosage or planning meals in response to blood glucose levels measured or symptoms</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
13	Searching for information about symptoms, medical treatment, nutrition etc.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
14	Other time-consuming activities resulting from diabetes <i>Please specify if applicable:</i>		<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days
15	Other time-consuming activities resulting from diabetes Please specify if applicable:		<input type="text"/> minutes in the last 7 days <input type="text"/> hours in the last 7 days

