North West Adelaide Health Study Survey – Telephone follow-up 1
March 2002

CASE: _ _ _ _

A. INTRODUCTION

A1 Good ....... My name is ....... from the North West Adelaide Health Study. May I speak with .............please?

Either
1. Get person and repeat introduction
2. Make appointment to call back later

A2 You very kindly helped us by coming to the clinic for the study. Your comments now can help us understand any changes that have occurred in the time since your visit to the clinic. Would you have some time to answer a few questions?

1. Yes [ ] Go to A4
2. No – make appointment to call back later [ ] Thank you
3. No - Refusal [ ] Go to A3

A3 Thank you for your involvement in the study so far. The study coordinator will call you to discuss your further involvement in the study.

Sequence guide: End.

A4 I can assure you that information you give will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on.

Sequence guide: Go to B.

B. GENERAL HEALTH

The following questions are about your general health.

B1 Compared to the time when you had your clinic appointment for our study, how would you rate your health in general now?
(Single Response. Read Options)
1. Much better now [ ]
2. Somewhat better now [ ]
3. About the same [ ]
4. Somewhat worse now [ ]
5. Much worse now [ ]
6. Unsure/Don't Know [ ]

B2 Since your clinic appointment, have you been told by a doctor that you have any of the following conditions?
(Read Options. Multiple Response. Interviewer Note: “Since your clinic appointment” includes seeing the doctor for follow-up of clinic results)
1. Heart attack [ ]
2. Stroke [ ]
3. Angina [ ]
4. Heart disease [ ]
5. Diabetes [ ]
6. Asthma [ ]
7. Bronchitis [ ]
8. Emphysema [ ]
9. None of these [ ]

B3 Since your clinic appointment, have you been admitted to hospital ...?
(Read Options. Multiple Response)
1. With a heart attack [ ]
2. With angina [ ]
3. With heart failure [ ]
4. As a result of a stroke [ ]
5. For bronchitis [ ]
6. For emphysema [ ]
7. None of the above [ ]
B4  How many times have you used these health services in South Australia in the last 12 months? (Multiple response. Read Options. Interviewer note: 0=none, 9999=unsure/don’t know)

1. General practitioner [ ]
2. Community health centre [ ]
3. District nurses or other community nurses [ ]
4. Psychologist [ ]
5. Psychiatrist [ ]
6. Day surgery [ ]
7. Hospital – Accident & Emergency Department [ ]
8. Hospital – Clinic (outpatient/specialist/allied health) [ ]
9. Eye specialist/ophthalmologist [ ]
10. Other specialist doctor (not in a hospital) [ ]
11. Physiotherapist [ ]
12. Chiropractor [ ]
13. Alternative therapist eg. naturopath, osteopath [ ]
14. Podiatrist [ ]
15. Dietician [ ]
16. Nurse educator [ ]
17. Other (specify) [ ]
18. Unsure/Don’t Know [ ]

C. GENERAL QUESTIONS

So that your information is kept up to date, these next few questions are about your personal and contact details.

C1  Could you please tell me if any of your contact details have changed since you attended the clinic?
1. Yes - Name (specify) [ ]
2. Yes – Street Address (specify) [ ]
3. Yes – Suburb (specify) [ ]
4. Yes – Postcode (specify) [ ]
5. Yes – Phone Number (specify) [ ]
6. Yes – Mobile Number (specify) [ ]
7. No [ ]

C2  Our records show that your marital status is …… Is this still correct?
(Single Response)
1. Yes [ ] Go to C4
2. No [ ]
3. Don’t know [ ]

C3  What is your marital status now?
(Single Response)
1. Married or living with a partner [ ]
2. Separated / Divorced [ ]
3. Widowed [ ]
4. Never married [ ]

C4  Our records show that your work status is …… Is this still correct?
(Single Response)
1. Yes [ ] Go to C5
2. No [ ]
3. Don’t know [ ]

C5  What is your work status now?
(Single Response)
1. Full time employed [ ]
2. Part time / casual employment [ ]
3. Unemployed [ ]
4. Home duties [ ]
5. Retired [ ]
6. Student [ ]
7. Other (specify) [ ]
D. RESULTS LETTER

These next questions are about your results from the clinic appointment you attended. On this letter you may have been advised to see your doctor if your results were marked with an asterisk or star.

D1 Do you remember receiving a letter about the results of your clinic appointment? (Single Response)
1. Yes  [  ]
2. No  [  ] Go to E.
3. Unsure/Don’t Know  [  ]

Sequence guide: If Clinic Results Blood pressure >= 140/90 Go to D2. Else Go to D3.

D2 Our records show that you may have had high blood pressure at your clinic appointment. Did you do anything about this? (Multiple Response)
1. Yes - Saw doctor  [  ]
2. Yes - Other (specify)  _________
3. Was already seeing doctor / having treatment before attending clinic / receiving results letter  [  ]
4. No  [  ]

D3 Sequence guide: If Clinic Results cholesterol > 5.5mmol/L Go to D3. Else Go to D4.

D3 [Our records / They also] show that you may have had high cholesterol at your clinic appointment. Did you do anything about this? (Multiple Response)
1. Yes - Saw doctor  [  ]
2. Yes - Changed diet  [  ]
3. Yes - Other (specify)  _________
4. Was already seeing doctor / having treatment before attending clinic / receiving results letter  [  ]
5. No  [  ]

D4 Sequence guide: If Clinic Results BMI >= 25 Go to D4. Else Go to E.
E. ASTHMA

Sequence guide: If Self-reported Asthma = Yes (From Recruitment/Questionnaire A) Go to E1.

Sequence guide: If B2.6 = 1 (Asthma = Yes) Go to E6.

Sequence guide: If Clinic Results FEV1 Preventolin <80% Go to E3. Else Go to F.

E1 Our records show that you told us you had asthma. Is that correct?
(Single Response)
1. Yes – have asthma [ ] Go to E6
2. No – do not have asthma [ ]
3. Unsure/Don’t Know [ ]

E2 So to confirm that, have you ever been told by a doctor that you have asthma?
(Single Response)
1. Yes [ ] Go to E6
2. No [ ] Go to F.
3. Unsure/Don’t Know [ ]

E3 Our records show that at your clinic appointment your lung function was below the normal level. Did you do anything about this?
(Single Response)
1. Yes – saw doctor [ ] Go to E5
2. Yes – quit smoking [ ]
3. Yes – cut down smoking [ ]
4. Yes – Other (specify) [ ]
5. No [ ]

E4 Since your clinic appointment, has a doctor confirmed that you have asthma?
(Single Response)
1. Yes [ ] Go to E6
2. No [ ] Go to F.
3. Unsure/Don’t Know [ ]

E5 When you saw the doctor, did they confirm that you have asthma?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F.
3. Unsure/Don’t Know [ ] Go to F.

E6 Do you still have asthma?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F.
3. Don’t know [ ] Go to F.

E7 The next questions are about your asthma.

Have you been woken from sleep by asthma in the past month?
(Single Response)
4. Yes [ ]
5. No [ ]
6. Don’t know [ ]

E8 Have you been admitted to hospital because of asthma in the past year?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]

E9 How many GPs have you seen for your asthma in the last 12 months?
(Interviewer note: How many different GPs have you seen, not how many times have you been to any GP.)
(Single Response)
1. One [ ]
2. More than one [ ]
3. Have not seen a GP in last 12 months [ ]

E10 How would you rate the severity of your asthma in the last month?
(Single Response)
1. Not a problem [ ]
2. Mild [ ]
3. Moderate [ ]
4. Severe [ ]
5. Don’t know [ ]

E11 Have you taken oral steroid medication for asthma in the past month (eg. cortisol, prednisolone)?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]
E12 How often do you awaken during the night with asthma? 
(Single Response)
1. Nightly [   ]
2. Most nights [   ]
3. About twice a week [   ]
4. Weekly [   ]
5. Monthly [   ]
6. Less often than monthly [   ]
7. Only at certain times of the year (i.e. seasonal) [   ]
8. Never [   ]

E13 How often have you had an attack of asthma in the last twelve months? 
(Single Response)
1. None [   ]
2. Once or twice in last twelve months [   ]
3. More than twice to once a month [   ]
4. More than once a month to once a week [   ]
5. More than once a week to once a day [   ]
6. More than once a day [   ]

E14 In the last twelve months have you had any days lost from work, school or home duties or usual activities from asthma? 
(Single Response)
1. Yes [   ]
2. No [   ] Go to E16

E15 How many days would you estimate? 
(Single Response. Enter 999 if not stated)
1. Enter days __ __ __
2. Don’t know [   ]

E16 Do you have an asthma action plan (written instructions of what to do if your asthma is out of control)? 
(Single Response)
1. Yes [   ]
2. No [   ]
3. Unsure/Don’t Know [   ]

E17 Can you afford to buy your asthma medications when you need them? 
(Single Response)
1. Yes – all of the time [   ]
2. Yes – some of the time [   ]
3. No [   ]
F. DIABETES

Sequence guide: If Self-reported Diabetes = Yes (DIAB_UN2=1) Go to F1.

Sequence guide: If B2.1 = 1 (Diabetes = Yes) Go to F6.

Sequence guide: If Clinic Results Blood glucose >=7.0mmol/L (DIABETE2=1) Go to F3.

Else Go to F39.

F1 Our records show that you told us you had diabetes. Is that correct?
(Single Response)
1. Yes – have diabetes [ ] Go to F6
2. No – do not have diabetes [ ]
3. No – have high blood sugar [ ]
4. Unsure/Don’t Know [ ]

F2 So to confirm that, have you ever been told by a doctor that you have diabetes?
(Single Response)
1. Yes [ ] Go to F6
2. No [ ] Go to F39
3. Unsure/Don’t Know [ ]

F3 Our records show that at your clinic appointment your blood glucose level was above the normal level. Did you do anything about this?
(Single Response)
1. Yes – saw doctor [ ] Go to F5
2. Yes – changed diet [ ]
3. Yes – Other (specify) [ ]
4. No [ ]

F4 Since your clinic appointment, has a doctor confirmed that you have diabetes?
(Single Response)
1. Yes [ ] Go to F6
2. No [ ] Go to F39
3. Unsure/Don’t Know [ ] Go to F39

F5 When you saw the doctor, did they confirm that you have diabetes?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F39
3. Unsure/Don’t Know [ ] Go to F39

F6 How old were you when you first were told you had diabetes?
(Enter number of years. Enter 999 if unknown. Single Response)
1. Years [ ]
2. Don’t know [ ]

F7 Is that within the last 12 months?
(Single Response)
1. Yes [ ]
2. No [ ]

F8 During the past 12 months, did your diabetes interfere with your ability to work, study or manage your day-to-day activities?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F10
3. Unsure/Don’t Know [ ] Go to F10

F9 Did it interfere with these activities?:
(Read Options. Single Response)
1. A little [ ]
2. Moderately [ ]
3. Quite a lot [ ]
4. Extremely [ ]
5. Don’t know [ ]

F10 Have you ever been told by a doctor that your vision has been affected because of your diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Unsure/Don’t Know [ ]
F11 Have you had your eyes examined by a doctor or an optometrist in the previous 12 months because of your diabetes?
   (Single Response)
   1. Yes [ ]
   2. No [ ]
   3. Unsure/Don't Know [ ]

F12 Have you ever had laser therapy on your eyes because of your diabetes?
   (Single Response)
   1. Yes [ ]
   2. No [ ]

F13 Have you ever had cataract surgery?
   (Single Response)
   1. Yes [ ]
   2. No [ ]

F14 Do you often suffer tingling, pins and needles, burning or pain, or loss of sensation in your feet, toes or lower limbs?
   (Single Response)
   1. Yes [ ]
   2. No [ ]

F15 In the last 12 months have you had any days lost from work, school or home duties or usual activities due to diabetes?
   (Single Response)
   1. Yes [ ]
   2. No [ ]

F16 How many days would you estimate?
   (Single Response. Enter 999 if not stated)
   1. Enter days ---
   2. Don’t know [ ]

F17 Thinking about the amount of diabetes-related information and education that you receive, in general do you receive?
   (Single Response. Read Options)
   1. Too much information [ ]
   2. About the right amount [ ]
   3. Not enough information [ ]
   4. Don’t know [ ]

Sequence guide: If F7=1 (diagnosed in last 12 months) Go to F20.

F18 Thinking about when you were first diagnosed with diabetes, how satisfied were you with the education and information you received about your diet?
   (Single Response. Read Options)
   1. Very satisfied [ ]
   2. Satisfied [ ]
   3. Mixed feelings [ ]
   4. Dissatisfied [ ]
   5. Very dissatisfied [ ]
   6. Did not receive any education or information about diet [ ]
   7. Don’t know [ ]

F19 Thinking about when you were first diagnosed with diabetes, how satisfied were you with the education and information you received about the possible long-term effects of diabetes (eg. eye, foot, heart, kidney disease)?
   (Single Response. Read Options)
   1. Very satisfied [ ]
   2. Satisfied [ ]
   3. Mixed feelings [ ]
   4. Dissatisfied [ ]
   5. Very dissatisfied [ ]
   6. Did not receive any education or information about long-term effects [ ]
   7. Don’t know [ ]
F20 Now thinking about more recent times, how satisfied are you with the education and information you receive about diet?
(Single Response. Read Options)
1. Very satisfied [ ]
2. Satisfied [ ]
3. Mixed feelings [ ]
4. Dissatisfied [ ]
5. Very dissatisfied [ ]
6. Do not receive any education or information about diet [ ]
7. Don’t know [ ]

F21 Still thinking about more recent times, how satisfied are you with the education and information you receive about the long-term effects of diabetes (eg. eye, foot, heart, kidney disease)?
(Single Response. Read Options)
1. Very satisfied [ ]
2. Satisfied [ ]
3. Mixed feelings [ ]
4. Dissatisfied [ ]
5. Very dissatisfied [ ]
6. Do not receive any education or information about long-term effects [ ]

Sequence guide: If F20 or F21 = 4 or 5 (Dissatisfied or very dissatisfied) Go to F22. Else Go to F23.

F22 Why were you dissatisfied with the education and/or information that you have received recently?
(Multiple Response)
1. Not enough information [ ]
2. Not detailed enough [ ]
3. Couldn’t understand it [ ]
4. Too much information [ ]
5. Other (specify) [ ]
6. Unsure/Don’t Know [ ]

F23 Do you ever measure your blood glucose (blood sugar) level?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F25
3. Unsure/Don’t Know [ ]

F24 Do you understand why your glucose levels might sometimes go up and down?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Unsure/Don’t Know [ ]

F25 Do you understand what foods you should be eating to best manage your diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Unsure/Don’t Know [ ]

F26 Do you understand about the possible long-term effects of diabetes on other parts of the body (eg. eyes, feet, heart, nerves, kidneys)?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Unsure/Don’t Know [ ]

F27 What diabetes-related issues would you like more education or information about?
(Multiple Response)
1. Diet [ ]
2. Shopping for correct food [ ]
3. Dining out [ ]
4. Long-term effects of diabetes on eyes [ ]
5. Long-term effects of diabetes on kidneys [ ]
6. Long-term effects of diabetes on feet [ ]
7. Long-term effects of diabetes on the heart or cardiovascular system [ ]
8. Exercise [ ]
9. Measuring glucose [ ]
10. Medication [ ]
11. Impotence [ ]
12. Coping / support [ ]
13. Other (specify) [ ]
14. Already get enough information [ ]
15. None [ ]
F28 Which health professionals have you talked to about your diabetes in the last 12 months?
(Multiple Response)
1. General practitioner [ ]
2. Specialist [ ]
3. Nurse educator (eg. at hospital-based diabetes centre) [ ]
4. Other nurse or doctor at hospital [ ]
5. Diabetes Australia [ ]
6. Dietician [ ]
7. Podiatrist [ ]
8. Optometrist/Ophthalmologist [ ]
9. Other (Specify) [ ]
10. Unsure/Don't Know [ ]
11. None [ ] Go to F30

F29 How helpful do you find talking to a health professional about your diabetes?
(Single Response. Read Options)
1. Very helpful [ ]
2. Somewhat helpful [ ]
3. Not helpful [ ]
4. Unsure/Don’t Know [ ]

F30 Other than talking to a health professional, where else do you obtain information about diabetes?
(Multiple Response)
1. Pamphlets/Brochures/Booklets [ ]
2. Internet [ ]
3. Television [ ]
4. Magazines [ ]
5. Newspapers [ ]
6. Radio [ ]
7. Books [ ]
8. Diabetes Centre (at a hospital) [ ]
9. Diabetes Australia [ ]
10. "Conquest" Newsletter (from Diabetes Australia) [ ]
11. Other people with diabetes [ ]
12. Doctors’ surgeries / waiting rooms [ ]
13. Other (Specify) [ ]
14. No specific source / everywhere [ ]
15. Unsure/Don’t Know [ ]
16. None – don’t obtain any information [ ]

Sequence Guide: If F30.2 = 1 (Use Internet) Go to F33.

F31 Do you have access to the Internet (either at home, work, library etc)?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F33
3. Unsure/Don’t Know [ ]

F32 Have you ever used the Internet to find information about diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]

F33 Have you ever attended a diabetes support group or group session where you have met and talked with other people who also have diabetes?
(Single Response)
1. Yes [ ]
2. No [ ] Go to F35

F34 How helpful did you find these group sessions with other people who have diabetes?
(Single Response. Read Options)
1. Very helpful [ ]
2. Somewhat helpful [ ]
3. Not helpful [ ]
4. Unsure/Don’t Know [ ]

Sequence Guide: Go to F36.

F35 How helpful do you think attending such group sessions with other people who have diabetes would be?
(Single Response. Read Options)
1. Very helpful [ ]
2. Somewhat helpful [ ]
3. Not helpful [ ]
4. Unsure/Don’t Know [ ]

F36 If you need to know something about diabetes, do you feel you know where to go or who to ask to find out that information?
(Single Response)
1. Yes [ ]
2. No [ ]

(Interviewer note: If necessary, Diabetes Australia - South Australian Branch 159 Burbridge Road, Hilton, SA 5033 Phone 8234 1977)
These next few questions ask about how you think diabetes information and education could be improved.

**F37 How useful would a 24-hour diabetes information telephone service be to you?**  
(Single Response. Read Options)  
1. Very useful [ ]  
2. Somewhat useful [ ]  
3. Not useful [ ]  
4. Don’t Know [ ]

Sequence guide: If F7=1 (diagnosed in last 12 months) Go to F40.

**F38 Do you feel that the type of information about diabetes that you need now has changed since you were first diagnosed?**  
(Single Response)  
1. Yes [ ]  
2. No [ ]  
3. Unsure/Don’t Know [ ]

Sequence guide: Go to F40.

**F39 These next questions are about your health in the future.**

Do you consider yourself at high risk of getting diabetes at some stage in your life?  
(Single Response)  
1. Yes [ ]  
2. No [ ]  
3. Don’t Know [ ]

**F40 These next questions are about your health in the future.**

Do you consider yourself at high risk of getting cardiovascular disease (eg. heart disease, heart attack, stroke) at some stage in your life?  
(Single Response)  
1. Yes [ ]  
2. No [ ]  
3. Already have cardiovascular disease / had cardiovascular surgical procedure eg. Bypass operation [ ]
4. Don’t Know [ ]

**F41 Have you ever been admitted to hospital ...?**  
(Read Options. Multiple Response)  
1. To have a limb amputated [ ]  
2. With a foot ulcer [ ]  
3. With kidney failure/disease [ ]  
4. None of the above [ ]

**F42 These last questions ask about awareness of diabetes in the general community.**

What diabetes issues do you think people in the general community need to be made aware of?  
(Multiple Response)  
1. Symptoms of diabetes [ ]  
2. Different types of diabetes [ ]  
3. Where to get tested for diabetes [ ]  
4. How to prevent getting diabetes [ ]  
5. Family history as a risk factor [ ]  
6. Long-term effects (eg. On eyes, feet, heart, kidneys etc) [ ]  
7. How to help a person who is having a diabetic emergency episode [ ]  
8. Education of children/young people [ ]  
9. What it means to have diabetes (for partners, carers, friends) [ ]  
10. People in general community are already very aware of diabetes issues [ ]  
11. Other (Specify) ________ [ ]
12. Unsure/Don’t Know [ ]

**F43 In general, how aware do you think people in the community are about things that could increase their chance of getting diabetes?**  
(Single Response. Read Options)  
1. Very aware [ ]  
2. A little aware [ ]  
3. Not at all aware [ ]
4. Don’t Know [ ]
G. CONCLUSION

G1 That concludes the interview. The study is progressing well. Are there any other comments that you would like to make about the study?
   (Single Response)
   1. Yes (specify) ___________
   2. No [ ]

On behalf of the North West Adelaide Health Study Team, I would like to thank you very much for taking part in the study. Your participation in this study has made a very important contribution to the awareness of health issues in the North Western area of Adelaide. Thank you again for your time.

(Interviewer note: For further information, phone 1800 635 352, or Internet webpage at http://www.nwadelaidehealthstudy.org).