

# Primary Care Diabetes Questionnaire

Before attending your diabetes review, please can you complete this short questionnaire and bring it along to your appointment.

1. Are there any areas you would like to focus on during your appointment?

2. Hypoglycaemia

i) How many hypos have you had in the last year that you were unable to treat yourself?

ii) Please indicate on the scale below how aware you are of when your hypos are commencing?  
(Gold score)

**Always**    1    2    3    4    5    6    7    **Never**

iii) What is your blood glucose level on average when you notice you are having a hypo?

Below 2.2mmol/l     2.2-2.7mmol/l     2.8-3.3mmol/l     Above 3.3mmol/l

3. Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary in severity. Please consider the degree to which each of the two items below may have distressed or bothered you **in the last 4 weeks** and circle the appropriate number

	Not a problem	A slight problem	A moderate problem	Somewhat serious problem	A serious problem	A very serious problem
i) Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
ii) Feeling that I am often failing with my diabetes routine	1	2	3	4	5	6

Having answered the questions above you may want to consider the following questions.

4. What is the most difficult part of living with diabetes for you?

5. What are your greatest concerns about your diabetes?