

The De Montfort University Diabetes Type 1 and 2 Diet and Exercise

The De Montfort University Diabetes Type 1 & 2 Diet and Exercise Survey

Dear Participant

Our research group in the School of Pharmacy is working to produce a medical device that might help people with diabetes maintain the right level of glucose in their blood.

One of the ways we can investigate this is to examine the response to ordinary exercise in the diabetes person.

We would like to invite you to take part in this survey because you have either Type 1 or Type 2 diabetes. It is an opportunity for you to discuss your experience with various aspects of your diabetes and your attitudes with exercise. The information we get from this survey will be combined with a practical study we will also be conducting which may lead to recommendations to improve the lifestyle of people with diabetes in the future. The information could also help research toward a suitable exercise regime for people with diabetes.

All information collected about you during the course of the survey will be strictly confidential and we will not ask for any personal details.

If you have any questions then please contact us.

Thank you very much for your time.

Yours sincerely

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THIS SURVEY CAN BE FILLED IN ELECTRONICALLY BUT IF YOU PREFER, YOU CAN PRINT THE SURVEY, FILL IT IN MANUALLY AND THE ADDRESS LABEL ON THE BACK PAGE CAN BE USED

NO STAMP NEEDED IF MAILED FROM THE UK

Background information and personal data about you

1. Are you

- ☐ 1. Female ☐ 2. Male

2. Are you

- ☐ 1. Professional ☐ 4. Manual labour
☐ 2. Skilled ☐ 5. Student
☐ 3. Semi-skilled ☐ 6. Retired
☐ 7. Other, please state

3. How old are you?

- | | |
|--|--|
| <input type="radio"/> 1. Between 1 - 10 years | <input type="radio"/> 5. Between 41 - 50 years |
| <input type="radio"/> 2. Between 11 - 20 years | <input type="radio"/> 6. Between 51 - 60 years |
| <input type="radio"/> 3. Between 21 - 30 years | <input type="radio"/> 7. Between 61 - 80 years |
| <input type="radio"/> 4. Between 31 - 40 years | <input type="radio"/> 8. Over 80 years |

4. How old were you when your diabetes was first diagnosed?

- | | |
|--|--|
| <input type="radio"/> 1. Between 1 - 10 years | <input type="radio"/> 5. Between 41 - 50 years |
| <input type="radio"/> 2. Between 11 - 20 years | <input type="radio"/> 6. Between 51 - 60 years |
| <input type="radio"/> 3. Between 21 - 30 years | <input type="radio"/> 7. Between 61 - 80 years |
| <input type="radio"/> 4. Between 31 - 40 years | <input type="radio"/> 8. Over 80 years |

5. Please state your height and weight ?

1. Height (cm or feet and inches)

2. Weight (kg, pounds or stones and pounds)

6. What is your highest level of education?

- ☐ 1. I am still in full time education
- ☐ 2. I underwent some form of educational training (e.g. vocational or college)
- ☐ 3. I am in or have had a higher education (e.g. university)
- ☐ 4. I am still in full time education as a mature student
- ☐ 5. I have not had any further education after leaving school
- ☐ 6. Other, please state

7. What is your ethnic group?

- | | |
|--|---|
| <input type="radio"/> 1. White British | <input type="radio"/> 9. Asian or Asian British, Pakistani |
| <input type="radio"/> 2. White Irish | <input type="radio"/> 10. Asian or Asian British, Bangladeshi |
| <input type="radio"/> 3. Any other White background | <input type="radio"/> 11. Any other Asian background |
| <input type="radio"/> 4. Mixed, White and Black Caribbean | <input type="radio"/> 12. Black or Black British, Caribbean |
| <input type="radio"/> 5. Mixed, White and Black African | <input type="radio"/> 13. Black or Black British, African |
| <input type="radio"/> 6. Mixed, White and Asian | <input type="radio"/> 14. Any other Black background |
| <input type="radio"/> 7. Any other mixed background | <input type="radio"/> 15. Chinese |
| <input type="radio"/> 8. Asian or Asian British, Indian | |
| <input type="radio"/> 16. Any other ethnic group, please specify | |

8. Which country do you live in?

Your diabetes

9. How was your diabetes diagnosed?

- ☐ 1. By my GP (General Practitioner)
- ☐ 2. By hospital clinic
- ☐ 3. By friend/family
- ☐ 4. By ambulance/Accident & Emergency
- ☐ 5. By myself
- ☐ 6. By medical check-up (e.g work,insurance)
- ☐ 7. Other, please state

10. What type of diabetes do you have?

- ☐ 1. Type 1
- ☐ 2. Type 2
- ☐ 3. I don't know
- ☐ 4. Other, please state

11. Is there a history of diabetes in your immediate family?

- ☐ 1. No
- ☐ 2. Yes, please state who

12. What do you find most difficult about your diabetes?

- ☐ 1. Healthy diet
- ☐ 2. Exercising
- ☐ 3. Testing blood glucose levels
- ☐ 4. Other, please state

13. Do you use insulin?

- ☐ 1. Yes
- ☐ 2. No. Please go to Q19

14. What type of insulin(s) do you use? Tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> 1. Humalog® (Lispro) | <input type="checkbox"/> 6. Insulatard® (Isophane) |
| <input type="checkbox"/> 2. Novorapid® or Novolog® (Aspart) | <input type="checkbox"/> 7. Mixtard® |
| <input type="checkbox"/> 3. Actrapid® (regular or soluble insulin) | <input type="checkbox"/> 8. Humulin M3® |
| <input type="checkbox"/> 4. Humulin S® (regular or soluble insulin) | <input type="checkbox"/> 9. Levemir® (detemir) |
| <input type="checkbox"/> 5. Humulin I® (Isophane) | <input type="checkbox"/> 10. Lantus® (Glargine) |
| <input type="checkbox"/> 11. Other (list) | |

15. How many insulin injections do you give yourself in a normal day?

- | | |
|-----------------------------|---|
| <input type="radio"/> 1 - 2 | <input type="radio"/> 4 or more |
| <input type="radio"/> 2 - 4 | <input type="radio"/> I use an insulin pump |

16. How long have you been injecting this number of injections each day?

- | | |
|---|---|
| <input type="radio"/> Ever since I started taking insulin | <input type="radio"/> 2 - less than 5 years |
| <input type="radio"/> Less than one year | <input type="radio"/> longer than 5 years |
| <input type="radio"/> 1 - less than 2 years | |

17. What was the total amount of insulin you used yesterday (over 24 hours)?

- ☐ 1. Between 20 - 39 Units
- ☐ 2. Between 40 - 79 Units
- ☐ 3. Between 80 - 100 Units
- ☐ 4. Other, please state

18. What is the typical total amount of insulin you use each day?

- ☐ 1. Between 20 - 39 Units
- ☐ 2. Between 40 - 79 Units
- ☐ 3. Between 80 - 100 Units
- ☐ 4. Other, please state

19. What was your HbA1c when you were diagnosed with diabetes? (if known)

- ☐ 1. Don't know
- ☐ 2. Below 5 % (31 mmol/mol)
- ☐ 3. Between 5 and 6 % (31 and 42 mmol/mol)
- ☐ 4. Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5. Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6. Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7. Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8. Over 10% (86 mmol/mol). Please state

20. How often is your HbA1c measured?

- ☐ 1. Every 3 months
- ☐ 2. Every 6 months
- ☐ 3. Every year
- ☐ 4. Other, please state

21. What is your recent measured HbA1c result?

- ☐ 1. Don't know
- ☐ 2. Below 5 % (31 mmol/mol)
- ☐ 3. Between 5 and 6 % (31 and 42 mmol/mol)
- ☐ 4. Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5. Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6. Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7. Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8. Over 10% (86 mmol/mol). Please state

22. Was your HbA1c taken in the last 3 months?

- ☐ 1. Yes
- ☐ 2. No, please state when

23. What do you think your HbA1c should be?

- ☐ 1. Don't know
- ☐ 2. Below 5 % (31 mmol/mol)
- ☐ 3. Between 5 and 6 % (31 and 42 mmol/mol)
- ☐ 4. Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5. Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6. Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7. Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8. Over 10% (86 mmol/mol). Please state

The De Montfort University Diabetes Type 1 and 2 Diet and Exercise

24. In the last 12 months, have you had any of the following tests?

	Yes	No	Don't know
1. Your blood pressure taken by a doctor or nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A cholesterol test by a doctor or nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. An eye test where a photograph of the back of your eyes was taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Your bare feet were examined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. You have had your weight checked by a doctor or nurse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. For each question please tick yes or no

	Yes	No
1. Has your eyesight suffered as a consequence of your diabetes?	<input type="radio"/>	<input type="radio"/>
2. Do you have diabetic kidney disease?	<input type="radio"/>	<input type="radio"/>
3. Do you require dialysis?	<input type="radio"/>	<input type="radio"/>
4. Have you had a kidney transplant?	<input type="radio"/>	<input type="radio"/>
5. Is your usual blood pressure normal?	<input type="radio"/>	<input type="radio"/>
6. Do you take any medication to control your blood pressure?	<input type="radio"/>	<input type="radio"/>
7. Are you on lipid lowering medication (for high cholesterol or triglycerides)?	<input type="radio"/>	<input type="radio"/>
8. Have you ever had a heart attack?	<input type="radio"/>	<input type="radio"/>
9. Do you ever have chest pain due to angina?	<input type="radio"/>	<input type="radio"/>
10. Have you ever had heart bypass surgery (coronary artery bypass)?	<input type="radio"/>	<input type="radio"/>
11. Have you ever had a balloon angioplasty or a coronary stent placed?	<input type="radio"/>	<input type="radio"/>
12. Have you ever had, or suspected that you had a stroke?	<input type="radio"/>	<input type="radio"/>

26. Please tell us what your cholesterol levels are, if known?

Total cholesterol level	<input type="text"/>
High-density lipoprotein (HDL)	<input type="text"/>
Low-density lipoprotein (LDL)	<input type="text"/>

Hypoglycemia

27. Have you ever had a low blood glucose (hypoglycaemia)?

- ☐ 1. Yes ☐ 2. No, please go to Q37

28. What symptoms do you experience when you have a 'hypoglycaemia'? Tick all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Paleness | <input type="checkbox"/> 6. Hunger | <input type="checkbox"/> 11. Black out |
| <input type="checkbox"/> 2. Trembling | <input type="checkbox"/> 7. Agitation/irritability | <input type="checkbox"/> 12. Convulsions/Fit |
| <input type="checkbox"/> 3. Sweating | <input type="checkbox"/> 8. Poor concentration | <input type="checkbox"/> 13. Coma |
| <input type="checkbox"/> 4. A feeling of weakness/fatigue | <input type="checkbox"/> 9. Blurred vision | |
| <input type="checkbox"/> 5. Rapid heartbeat | <input type="checkbox"/> 10. Loss of coherence | |
| <input type="checkbox"/> 14. Other, please state | | |

29. How low does your blood glucose get before you feel these symptoms?

- | | |
|---|---|
| <input type="radio"/> 1. Don't know | <input type="radio"/> 3. Between 3.5 and 3.9 mmol/L (63 and 70 mg/dl) |
| <input type="radio"/> 2. Between 4 and 5 mmol/L (72 and 90 mg/dl) | <input type="radio"/> 4. Between 3 and 3.4 mmol/L (54 and 61 mg/dl) |
| <input type="radio"/> 5. Below 3 mmol/L (54 mg/dl), please give a value | |

30. What time(s) of day do you have hypoglycaemia? Tick all that apply

- | |
|--|
| <input type="checkbox"/> 1. Morning |
| <input type="checkbox"/> 2. Afternoon |
| <input type="checkbox"/> 3. Evening |
| <input type="checkbox"/> 4. During night |

Any additional comments

31. Does hypoglycaemia affect your day-to-day activities?

- | | |
|---------------------------------------|-------------------------------------|
| <input type="radio"/> 1. A great deal | <input type="radio"/> 3. A little |
| <input type="radio"/> 2. Quite a lot | <input type="radio"/> 4. Not at all |

32. Do you respond to a low blood glucose by taking a sugary food or drink immediately?

- | |
|---|
| <input type="radio"/> 1. Yes |
| <input type="radio"/> 2. No, please state what you do |

33. Has problems with hypoglycaemia stopped you permanently from being able to drive?

- | | |
|------------------------------|-----------------------------|
| <input type="radio"/> 1. Yes | <input type="radio"/> 2. No |
|------------------------------|-----------------------------|

The De Montfort University Diabetes Type 1 and 2 Diet and Exercise

34. During the past 12 months have you had “severe” hypoglycaemia where you passed out or had a seizure that required help from others?

- ☐ 1. No, please go to Q36
- ☐ 2. Yes. Please state what happened

35. If yes, how many times has this occurred?

- ☐ 1 - 2 ☐ 3 - 5 ☐ 6 or more

36. How many times have you had to go to hospital because of hypoglycaemia in the past 12 months?

- ☐ None ☐ 3 – 5
- ☐ 1 – 2 ☐ More than 5

Hyperglycemia

37. How many times per week is your measured fasting blood glucose 10 mmol/L (180 mg/dl) or above?

- ☐ 1. Once ☐ 3. More than twice
- ☐ 2. Twice ☐ 4. Never

38. Has your blood sugar ever been above 20 mmol/L (360 mg/dl)?

- ☐ 1. Yes ☐ 2. No

39. Have you ever been in diabetic ketoacidosis (DKA)?

- ☐ 1. Yes ☐ 2. No, please go to Q41

40. Do you know what caused your DKA?

- ☐ 1. Because you were unwell ☐ 3. Because you were stressed
- ☐ 2. Missed taking insulin ☐ 4. Diet
- ☐ 5. Other, please state

41. Have you ever been in a coma because of “high” blood glucose?

- ☐ 1. Yes ☐ 2. No

Diet

42. How would you describe your diet approach?

- ☐ 1. You are eating healthily
- ☐ 2. You too busy to find healthy foods or meals
- ☐ 3. You don't know enough about good nutrition or how to eat healthily
- ☐ 4. Sometimes, you try to eat healthy food
- ☐ 5. You can't resist junk food
- ☐ 6. Your eating habits are poor

43. Have you been given any dietary advice to help control your diabetes?

- ☐ 1. Yes
- ☐ 2. No

44. Do you follow a medically approved dietary programme to help control your diabetes?

- ☐ 1. No
- ☐ 2. Yes, please state

45. Do you count carbohydrates regularly in order to help you to control your diabetes?

- ☐ 1. Yes
- ☐ 2. No

46. How many calories do you think you eat and drink in a typical day?

- ☐ 1. 1500 or fewer
- ☐ 2. Over 1500 up to 2000
- ☐ 3. Over 2000 up to 2500
- ☐ 4. Over 2500 up to 3000
- ☐ 5. Over 3000 up to 3500
- ☐ 6. 3500 or more
- ☐ 7. I don't know

47. Do you eat special diabetic food/drink?

- ☐ 1. No
- ☐ 2. Yes, please list and state why

48. Do you drink alcohol?

- ☐ 1. No
- ☐ 2. Yes. How many units per week

49. Do you smoke?

- ☐ 1. No
- ☐ 2. Yes, please state how many per day

Your attitude to exercise

50. How important is participating in sport and exercise to you?

- ☐ 1. Important ☐ 2. No view ☐ 3. Not important

51. Do you exercise regularly?

- ☐ 1. Yes
- ☐ 2. No, you do not exercise at all. For the rest of the survey answer only questions 52, 53 and 54. Thank you for your participation in this survey

52. Are there any barriers preventing you from taking part in more exercise and sport? (Please tick all that apply)

	Yes	No
1. Health reasons	<input type="radio"/>	<input type="radio"/>
2. Lack of motivation	<input type="radio"/>	<input type="radio"/>
3. Embarrassment about how you look. eg overweight or lack of fitness	<input type="radio"/>	<input type="radio"/>
4. You doubt it will lead to weight control	<input type="radio"/>	<input type="radio"/>
5. Lack of time	<input type="radio"/>	<input type="radio"/>
6. It does not interest me	<input type="radio"/>	<input type="radio"/>
7. It is too expensive	<input type="radio"/>	<input type="radio"/>
8. Lack of transport	<input type="radio"/>	<input type="radio"/>
9. Fear of injury	<input type="radio"/>	<input type="radio"/>
10. Don't know	<input type="radio"/>	<input type="radio"/>

11. Other, please state

The De Montfort University Diabetes Type 1 and 2 Diet and Exercise

53. Which of the following factors influenced your decision to participate in exercise? (Please tick all that apply)

	Yes	No
1. To keep well with your diabetes	<input type="radio"/>	<input type="radio"/>
2. Better control of your blood glucose	<input type="radio"/>	<input type="radio"/>
3. Better for HbA1c value	<input type="radio"/>	<input type="radio"/>
4. To improve health and fitness	<input type="radio"/>	<input type="radio"/>
5. Loss weight	<input type="radio"/>	<input type="radio"/>
6. Family participate in sport	<input type="radio"/>	<input type="radio"/>
7. Because friends do it	<input type="radio"/>	<input type="radio"/>
8. Because you enjoy it	<input type="radio"/>	<input type="radio"/>
9. To relieve stress	<input type="radio"/>	<input type="radio"/>

54. What frustrates you MOST about exercise? Tick all that apply

- ☐ 1. Finding time to exercise every day
- ☐ 2. Having to change your diet
- ☐ 3. Motivating yourself
- ☐ 4. Pain after exercise
- ☐ 5. Other, please state

55. What effect did exercise have on your life after you became diabetic?

- ☐ 1. No effect on your diabetes
- ☐ 2. Positive effect on your diabetes
- ☐ 3. Negative effect on your diabetes

56. How effective has exercise been on each of the following

	Effective	No change	Detrimental
1. Better general Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Low HbA1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Poor blood glucose control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Fewer Hypoglycaemia events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Fewer Hyperglycaemia events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any additional comments

57. Where do you typically exercise?

- ☐ 1. At school/college/work/university
- ☐ 2. In a sports team (e.g football, netball)
- ☐ 3. In a class or club (e.g aerobics, dance, etc)
- ☐ 4. At a gym
- ☐ 5. On your journey home (e.g walking or cycling)
- ☐ 6. Elsewhere, please state

58. Do you have a membership in any sports centre or physical activity group?

- ☐ 1. Yes
- ☐ 2. No

59. What type of exercise do you do? (Please tick all that apply)

	Yes	No
1. Walking	<input type="radio"/>	<input type="radio"/>
2. Cycling	<input type="radio"/>	<input type="radio"/>
3. Weight training (resistance exercise)	<input type="radio"/>	<input type="radio"/>
4. Swimming	<input type="radio"/>	<input type="radio"/>
5. Team sports basketball/football	<input type="radio"/>	<input type="radio"/>
6. Running	<input type="radio"/>	<input type="radio"/>

7. Other, please state

60. Typically what is your blood glucose value pre-exercise?

- ☐ 1. Don't know
- ☐ 2. Below 5 mmol/l (90 mg/dl)
- ☐ 3. Between 5 and 6 mmol/l (91 and 108 mg/dl)
- ☐ 4. Between 6.1 and 7 mmol/l (109 and 126 mg/dl)
- ☐ 5. Between 7.1 and 8 mmol/l (127 and 144 mg/dl)
- ☐ 6. Between 8.1 and 9 mmol/l (145 and 162 mg/dl)
- ☐ 7. Between 9.1 and 10 mmol/l (163 and 180 mg/dl)
- ☐ 8. Over 10 mmol/l (180 mg/dl). Please state

61. At what level of intensity do you exercise?

- ☐ 1. Low (Easy, does not induce sweating unless it's a hot, humid day, no noticeable change in breathing patterns)
- ☐ 2. Moderate (Somewhat hard, sweat after about 10 minutes of exercise, breathing becomes deeper and more frequent)
- ☐ 3. High (Hard, sweat after 3-5 minutes, breathing is deep and rapid)
- ☐ 4. Combination between low and moderate
- ☐ 5. Combination between low and high
- ☐ 6. Combination between high and moderate

62. Typically, how many days of the week do you undertake physical activity and exercise?

- ☐ Every day
- ☐ 1 - 2 days
- ☐ 3 - 5 days
- ☐ 6 days

63. How many times do you exercise per day?

- ☐ 1. Once
- ☐ 2. Twice
- ☐ 3. Three times
- ☐ 4. More than 3 times

64. When do you do your exercise? Tick all that apply

- ☐ 1. Morning
- ☐ 2. Afternoon
- ☐ 3. Evening
- ☐ 4. After a meal
- ☐ 5. Before a meal

65. In a typical exercise day how long do you spend participating in sport or exercise?

- ☐ 1. Less than 30 minutes
- ☐ 2. From 30 minutes to less than 1 hour
- ☐ 3. From 1 to less than 2 hours
- ☐ 4. From 2 to less than 3 hours
- ☐ 5. From 3 to less than 4 hours
- ☐ 6. More than 4 hours

66. How many times do you test your blood glucose in normal day (24 hr)?

- ☐ 1. Once
- ☐ 2. Two – four times
- ☐ 3. More than 4 times

67. Does this change on an exercise day?

- ☐ 1. Test more
- ☐ 2. Test less
- ☐ 3. No change

68. Do you change the number of insulin injections on exercise day?

- ☐ 1. More
- ☐ 2. Fewer
- ☐ 3. No change

69. Does your insulin dose change in exercise day?

1. More, how much

2. Less, how much

3. No change

4. Dependent on type of exercise. Please state

70. Do you inject insulin pre-exercise?

☐ 1. No

☐ 2. Yes (please state how much)

71. During an exercise day, for each question please tick all that apply

	A. Before exercise	B. During exercise	C. After exercise
1. When do you test your blood glucose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When do you take your insulin dose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When do you take carbohydrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. If your blood sugar was less than 4mmol/L (72mg/dl) pre-exercises, what would you do?

☐ 1. Miss out your pre-exercise bolus

☐ 2. Reduce your pre-exercise bolus

☐ 3. Leave out exercise today

☐ 4. Take some carbohydrate then exercise

☐ 5. Nothing

☐ 6. Other, please state

73. Do you experience hypoglycaemia while exercising?

☐ 1. Always

☐ 3. Rarely

☐ 2. Frequently

☐ 4. Never

74. How many times in the last month has your blood glucose been below 4mmol/L (72mg/dl) after exercise?

☐ 1. Once

☐ 3. More than 3 times

☐ 2. Between 1 - 3 times

☐ 4. None, go to Q77

75. If you experience a hypoglycaemia after exercise what action do you take?

- ☐ 1. Re-check your blood glucose
- ☐ 2. Eat or drink carbohydrate
- ☐ 3. Other, please state

76. If you have hypoglycaemia associated after exercise, when would be your major risk period?

- ☐ 0 - 1 hour
- ☐ 1 - 2 hours
- ☐ 3 - 6 hours
- ☐ More than 6 hours

77. How many times in the last month has your blood sugar been above 10mmol/L (180mg/dl) after exercises?

- ☐ 1. Once
- ☐ 2. Between 1 - 3 times
- ☐ 3. More than 3 times
- ☐ 4. None, go to Q79

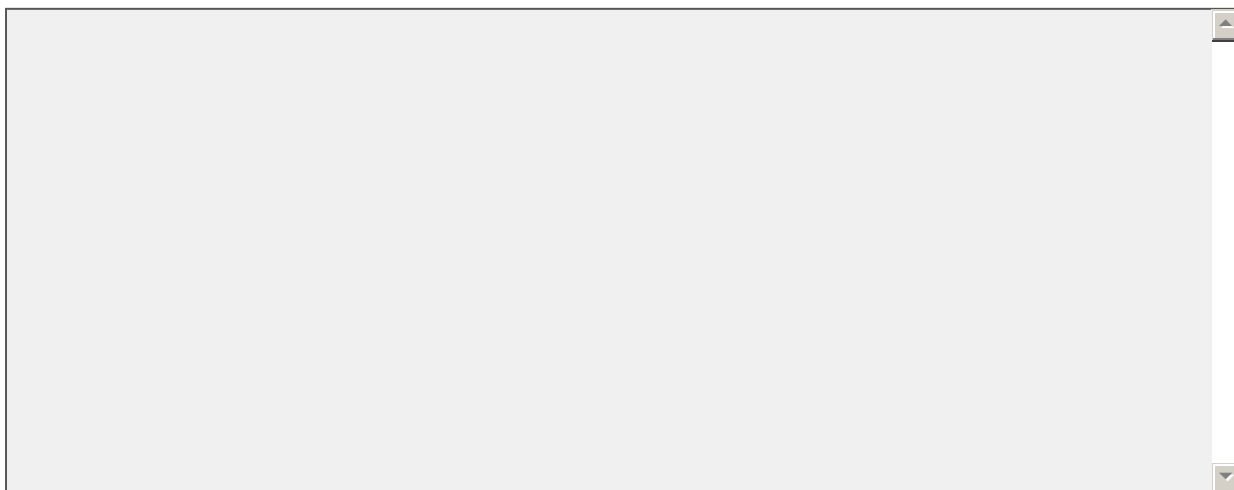
78. If you experienced hyperglycaemia (high blood glucose) after exercise what action do you take?

- ☐ 1. Inject insulin dose
- ☐ 2. Re-check your blood glucose
- ☐ 3. Drink water or any drink with no calories
- ☐ 4. Seek medical help
- ☐ 5. Eat some thing (eg.carbohydrate)


79. Have you experienced any of the following symptoms during or after exercise? (Please tick all that apply)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> 1. Bleeding | <input type="checkbox"/> 5. Hyperthermia | <input type="checkbox"/> 9. Urinary (colour, blood, pain) |
| <input type="checkbox"/> 2. Chafing | <input type="checkbox"/> 6. Muscle cramps | <input type="checkbox"/> 10. Other |
| <input type="checkbox"/> 3. Flushing | <input type="checkbox"/> 7. Red face | <input type="checkbox"/> 11. None |
| <input type="checkbox"/> 4. Hives | <input type="checkbox"/> 8. Shortness of breath | |

80. Would you like to add any comments?



Label for envelope [if you decide to print and post free from UK, instead of sending electronically]

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