

Please mark the correct box with an X. All the questions relate to **Type 2 diabetes**.  
Please ignore the small numbers, in grey, which are for office use only

**1. DEMOGRAPHICS**

<p><b>1.1</b></p>	<p><b>What type of industry do you work in? (Mark one box)</b></p> <p>Manufacturing of chemical, mineral, rubber or metal &amp; allied products</p> <p>Manufacturing of food, beverages and tobacco</p> <p>Manufacturing of electrical/electronics products</p> <p>Manufacturing of wood, wood products, paper and printing</p> <p>Manufacturing of vehicles/transport</p> <p>Manufacturing of textiles, clothing and leather</p> <p>Manufacturing of other goods</p> <p>Mining and quarrying</p> <p>Agriculture, forestry and related activities</p> <p>Transport, storage and communication</p> <p>Other business for profit</p> <p>Building, construction and engineering</p> <p>Other non-profit business</p> <p>Retail trade</p> <p>Community and social services</p> <p>Wholesale trade</p> <p>Finance (banks, building societies, insurance, other)</p> <p>Other - Indicate what:</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td></tr> <tr><td><input type="checkbox"/></td><td>7</td></tr> <tr><td><input type="checkbox"/></td><td>8</td></tr> <tr><td><input type="checkbox"/></td><td>9</td></tr> <tr><td><input type="checkbox"/></td><td>10</td></tr> <tr><td><input type="checkbox"/></td><td>11</td></tr> <tr><td><input type="checkbox"/></td><td>12</td></tr> <tr><td><input type="checkbox"/></td><td>13</td></tr> <tr><td><input type="checkbox"/></td><td>14</td></tr> <tr><td><input type="checkbox"/></td><td>15</td></tr> <tr><td><input type="checkbox"/></td><td>16</td></tr> <tr><td><input type="checkbox"/></td><td>17</td></tr> <tr><td><input type="checkbox"/></td><td>18</td></tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	18
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<p><b>1.2</b></p>	<p><b>In which province in South Africa do you work?</b> _____</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> </tbody> </table>	<input type="checkbox"/>	1																																		
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<p><b>1.3</b></p>	<p><b>What type of employment are you engaged in? (Mark one box)</b></p> <p>Self-employed</p> <p>Employed through a "Healthcare Service Provider" or Contractor</p> <p>Permanent position within an organisation</p> <p>Other - Indicate what:</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4																												
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<p><b>1.4</b></p> <p>1.4.1</p> <p>1.4.2</p>	<p><b>What are your hours of employment? (Insert a number in each box)</b></p> <p>Number of hours worked per day</p> <p>Number of days worked per week</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2																																
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<p><b>1.5</b></p>	<p><b>What is your gender? (Mark one box)</b></p> <p>Male</p> <p>Female</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2																																
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<p><b>1.6</b></p>	<p><b>Please give your age as at 1 January 2012: (Mark one box)</b></p> <p>Under 21</p> <p>21 - 30</p> <p>31 - 40</p> <p>41 - 50</p> <p>51 - 60</p> <p>61 - 65</p> <p>Over 65</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td></tr> <tr><td><input type="checkbox"/></td><td>7</td></tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7																						
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<p><b>1.7</b></p>	<p><b>What is the highest Occupational Health qualification you have attained? (Mark one box)</b></p> <p>None</p> <p>Certificate</p> <p>Diploma</p> <p>Bachelors degree</p> <p>BTech degree</p> <p>Masters</p> <p>Other - Indicate what:</p>	<table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td></tr> <tr><td><input type="checkbox"/></td><td>7</td></tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7																						
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<b>1.8</b>	<b>What is the number of persons employed at your workplace and what is the total number of males versus females? (Insert a number in each box)</b>		
1.8.1	Total number of persons employed at your workplace	<input type="text"/>	1
1.8.2	Total number of males	<input type="text"/>	2
1.8.3	Total number of females	<input type="text"/>	3
<b>1.9</b>	<b>What is the average age of the employees at your workplace? (Insert a number in the box)</b>	<input type="text"/>	1
<b>1.10</b>	<b>How many clients with diabetes do you have at your workplace? (Mark one box)</b>		
	Less than 10	<input type="checkbox"/>	1
	10 - 20	<input type="checkbox"/>	2
	21 - 30	<input type="checkbox"/>	3
	31 - 40	<input type="checkbox"/>	4
	41 - 50	<input type="checkbox"/>	5
	If more than 50, please indicate exactly how many:	<input type="text"/>	6
<b>1.11</b>	<b>How many of these clients with diabetes are male versus female? (Insert a number in each box)</b>		
1.11.1	Male	<input type="text"/>	1
1.11.2	Female	<input type="text"/>	2
<b>1.12</b>	<b>How many clients with diabetes visit your Occupational Health Clinic/Centre every day, week or month? (Insert a number in each box)</b>		
1.12.1	Number of clients per day	<input type="text"/>	1
1.12.2	Number of clients per week	<input type="text"/>	2
1.12.3	Number of clients per month	<input type="text"/>	3

**2. AWARENESS OF DIABETES**

<b>2.1</b>	<b>How would you rate your knowledge of the undermentioned with regard to diabetes? (Mark one box for each question)</b>					
	<i>Rate your answer according to the following scale</i>					
		Very Poor	Poor	Average	Good	Very Good
2.1.1	Prevalence of diabetes in South Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2	Diabetes management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.4	Blood glucose control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.5	Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.6	Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.7	Weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8	Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9	Use of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.10	Glucose testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11	Complications of diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1.12	Foot and eye care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
<b>2.2</b>	<b>How many clinical classes of diabetes are there? (Mark one box)</b>					
	One class	<input type="checkbox"/>				1
	Two classes	<input type="checkbox"/>				2
	Three classes	<input type="checkbox"/>				3
	Four classes	<input type="checkbox"/>				4

2.3	Do you raise awareness of diabetes in your workplace? <i>(Mark one box)</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2															
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2.4	<p>If you answered yes to question 2.3, please indicate <u>how</u> you raise awareness of diabetes in your workplace? <i>(Mark one box for each question)</i></p> <p>2.4.1 One-to-one consultations</p> <p>2.4.2 Health promotion/education drives/campaigns</p> <p>2.4.3 Wellness Interventions</p> <p>2.4.4 Other - Indicate what:</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2									
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2.5	<p>If you answered yes to question 2.3, please indicate <u>what</u> you discuss during your diabetes awareness initiatives? <i>(Mark one box for each question)</i></p> <p>2.5.1 Weight control (overweight)</p> <p>2.5.2 Lifestyle changes</p> <p>2.5.3 Risk factors</p> <p>2.5.4 Physical activity</p> <p>2.5.5 Other - Indicate what:</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2							
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2.6	<p>Which of the following criteria are risk factors for developing diabetes? <i>(Mark one box for each question)</i></p> <p>2.6.1 Adults with a Body Mass Index of more than or equal to 25 kg/m<sup>2</sup>, with additional factors</p> <p>2.6.2 Physical inactivity</p> <p>2.6.3 First-degree relative with diabetes</p> <p>2.6.4 Members of a high risk ethnic population (Asian, African)</p> <p>2.6.5 Women who were diagnosed with gestational diabetes</p> <p>2.6.6 History of cardiovascular disease</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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2.7	<p>What is the current prevalence of diabetes in South Africa? <i>(Insert a percentage in the box or indicate if you do not know)</i></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Don't know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	<input type="text"/>	Don't know	<input type="text"/>	<input type="text"/>	1	2															
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**3. SCREENING FOR DIABETES**

3.1	<p>Impaired Fasting Glucose and Impaired Glucose Tolerance are termed "pre-diabetes"? <i>(Mark one box)</i></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
Yes	No	Don't know									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
1	2	3									
3.2	<p>Impaired Fasting Glucose and Impaired Glucose Tolerance are risk factors for future diabetes? <i>(Mark one box)</i></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
Yes	No	Don't know									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
1	2	3									
3.3	<p>What is the diagnostic test for Impaired Fasting Glucose? <i>(Mark one box)</i></p> <p>Fasting Blood Glucose</p> <p>Oral Glucose Tolerance Test</p> <p>Other - Indicate what:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> </tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3			
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<input type="checkbox"/>	2										
<input type="checkbox"/>	3										

3.4	<b>What is the diagnostic test for Impaired Glucose Tolerance? (Mark one box)</b> Fasting Blood Glucose Oral Glucose Tolerance Test Other - Indicate what:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
3.5	<b>Which diagnostic test do <u>you</u> use to <u>screen</u> your clients for diabetes? (Mark one box)</b> Fasting Blood Glucose Oral Glucose Tolerance Test Other - Indicate what:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
3.6	<b>What are the current criteria for the diagnosis of diabetes using the Fasting Blood Glucose (FBG) test? (Mark one box)</b> FBG less than 100 mg/dl (Less than 5.6 mmol/l) FBG between 100 - 125 mg/dl (between 5.6 - 6.9 mmol/l) FBG greater than or equal to 126 mg/dl (greater than or equal to 7 mmol/l)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
3.7	<b>What are the current criteria for the diagnosis of diabetes using the Oral Glucose Tolerance Test (OGTT)? (Mark one box)</b> OGTT of 2-hour post glucose bolus, plasma glucose less than 140 mg/dl (less than 7.8 mmol/l) OGTT of 2-hour post glucose bolus, plasma glucose between 140-199 mg/dl (between 7.8-11.0 mmol) OGTT of 2-hour post glucose bolus, plasma glucose greater than or equal to 200 mg/dl (greater than or equal to 11.1 mmol/l)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
3.8	<b>Are both the FBG and OGTT used to <u>screen</u> for diabetes? (Mark one box)</b>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
Yes	No	Don't know									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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3.9	<b>What does fasting refer to? (Mark one box)</b> No caloric intake for less than 6 hours No caloric intake for 6-7 hours No caloric intake for at least 8 hours	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
3.10	<b>Do you routinely screen <u>ALL</u> your clients for diabetes? (Mark one box)</b>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
Yes	No	Don't know									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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3.11	<b>If you answered no to question 3.10, which clients <u>do</u> you screen?</b>	<input type="checkbox"/> 1									
3.12	<b>If you answered yes to question 3.10, at what age do you perform this screening? (Mark one box)</b> Younger than 30 Between 30 - 40 years Between 41 - 44 years From age 45 onwards	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									

3.13	<p><b>If you answered yes to question 3.10, answer this question:</b>  <b>If the results of the screening are normal, how often after the result is obtained do you re-screen the client? (Mark one box)</b></p> <p>Never          Annually          Every 2 years          Every 3 years          Other - Indicate how often:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
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3.14	<p><b>Do you screen your clients with IGT or IFG for diabetes? (Mark one box)</b></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	
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3.15	<p><b>If you answered yes to question 3.14, indicate how often you do this screening: (Mark one box)</b></p> <p>Annually          Every 2 years          Every 3 years          Other - Indicate when:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		
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**4. DIAGNOSIS**

4.1	<p><b>Which diagnostic test do you use to diagnose your clients with diabetes? (Mark one box)</b></p> <p>Fasting Blood Glucose          Oral Glucose Tolerance Test          Other - Indicate what:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3															
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<input type="checkbox"/>	3																						
4.2	<p><b>Are both the FBG and OGTT used to diagnose diabetes? (Mark one box)</b></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3												
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4.3	<p><b>Indicate which initial care you apply on the diagnosis of diabetes: (Mark one box for each question)</b></p> <p>4.3.1 A complete medical evaluation to classify the diabetes          4.3.2 An examination to detect the presence of complications          4.3.3 The review of previous treatment and glycaemic control          4.3.4 The formulation of a management plan          4.3.5 Provision of a basis for continuing care          4.3.6 Other - Indicate what:</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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4.4	<p><b>Which of the following tests do you perform if diabetes is diagnosed? (Mark one box for each question)</b></p> <p>4.4.1 Urine albumin excretion          4.4.2 Screening for distal symmetric polyneuropathy          4.4.3 Dilated and comprehensive eye examination          4.4.4 Other - Indicate what:</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3						
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**5. COMPLICATIONS**

<p>5.1</p>	<p><b>What Body Mass Index do <u>you</u> use to determine if an adult is overweight? (Mark one box)</b></p> <p>Don't know Between 21 - 25 kg/m<sup>2</sup> More than 25 kg/m<sup>2</sup> More than 30 kg/m<sup>2</sup></p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	
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<p>5.2</p>	<p><b>What is <u>your GOAL</u> percentage for the HbA1C test that assesses glycaemic control in your clients with diabetes? (Mark one box)</b></p> <p>Don't know Less than 5% Less than 7% Between 7 - 10%</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	
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<p>5.3</p>	<p><b>What percentage of your clients with diabetes maintain good glycaemic control? (Insert a number in the box otherwise indicate if you do not know)</b></p>	<table border="1"> <tr> <td><input type="text"/></td> <td>Don't know</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	<input type="text"/>	Don't know	<input type="text"/>	<input type="text"/>	1	2			
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<p>5.4</p>	<p><b>If you indicated a percentage in question 5.3, please answer the following question. (Mark one box)</b></p> <p><b>Has this good glycaemic control influenced vascular complications in these clients?</b></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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<p>5.5</p>	<p><b>Do you screen for hypertension in your clients with diabetes? (Mark one box)</b></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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<p>5.5.1</p>	<p><b>If not, please indicate why in this space:</b></p>	<table border="1"> <tr><td><input type="text"/></td><td>1</td></tr> </table>	<input type="text"/>	1							
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<p>5.6</p>	<p><b>Do you screen for dyslipidaemia in your clients with diabetes? (Mark one box)</b></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Don't know</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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<p>5.6.1</p>	<p><b>If not, please indicate why in this space:</b></p>										
<p>5.7</p>	<p><b>When do <u>you</u> confirm that your client with diabetes has hypertension? (Mark one box)</b></p> <p>When a <u>systolic</u> blood pressure is greater than 130 mmHg When a <u>systolic</u> blood pressure is greater than 140 mmHg Other - Indicate what:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3			
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<p>5.8</p>	<p><b>When do <u>you</u> confirm that your client with diabetes has hypertension? (Mark one box)</b></p> <p>When a <u>diastolic</u> blood pressure is more than 80 mmHg When a <u>diastolic</u> blood pressure is more than 90 mmHg Other - Indicate what:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3			
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5.9	<p><b>How often do you measure fasting lipid profiles in your clients with diabetes? (Mark one box)</b></p> <p>Never Annually Every 2 years Every 3 years Other - Indicate how often:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
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5.10	<p><b>If you <u>do</u> measure fasting lipid profiles in your clients with diabetes, please answer questions 5.10.1 - 5.10.4 as well.</b></p> <p><b>If you do <u>not</u> measure fasting lipid profiles in your clients with diabetes, please continue to section 6.</b></p>											
5.10.1	<p><b>What amount do <u>you</u> accept as a normal fasting level for LDL cholesterol? (Mark one box)</b></p> <p>Don't know Less than 50 mg/dl Less than 100 mg/dl Between 100 - 150 mg/dl</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		
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5.10.2	<p><b>What amount do <u>you</u> accept as a normal fasting level for HDL cholesterol in men? (Mark one box)</b></p> <p>Don't know Less than 40 mg/dl Greater than 40 mg/dl Greater than 50 mg/dl</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		
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5.10.3	<p><b>What amount do <u>you</u> accept as a normal fasting level for HDL cholesterol in women? (Mark one box)</b></p> <p>Don't know Less than 40 mg/dl Greater than 40 mg/dl Greater than 50 mg/dl</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		
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5.10.4	<p><b>What amount do <u>you</u> accept as a normal fasting level for Triglycerides? (Mark one box)</b></p> <p>Don't know Less than 140 mg/dl (less than mmol/l) Less than 150 mg/dl (less than 1.7 mmol/l) Greater than 150 mg/dl ( greater than 1.7 mmol/l)</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		
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**6. MONITORING AND FOLLOW UP**

6.1	<p><b>What type of health facility do your clients with diabetes <u>MOSTLY</u> attend? (Mark one box)</b></p> <p>Local clinic Local Day-hospital/Community Health Centre Tertiary hospital Private practitioners Occupational Health Clinic/Centre Other - Indicate what:</p>	<table border="1"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td></tr> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
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<p><b>6.2</b></p>	<p><b>Who is the <u>MAIN</u> health care giver for your clients with diabetes?</b>  <b>(Mark one box)</b></p> <p>General practitioner <input type="checkbox"/></p> <p>Physician <input type="checkbox"/></p> <p>OHNP <input type="checkbox"/></p> <p>OMP <input type="checkbox"/></p> <p>Other - Indicate what: <input type="checkbox"/></p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5													
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<p><b>6.3</b></p> <p>6.3.1</p> <p>6.3.2</p> <p>6.3.3</p> <p>6.3.4</p>	<p><b>Which techniques do <u>you</u> use to assess the effectiveness of glycaemic control? (Mark one box for each question)</b></p> <p>Patient self-monitoring of blood glucose</p> <p>Interstitial glucose test</p> <p>Measurement of HbA1C</p> <p>Other - Indicate what:</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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<p><b>6.4</b></p>	<p><b>How often per year do <u>you</u> test the HbA1C in clients that have stable glycaemic control? (Mark one box)</b></p> <p>Never</p> <p>Once</p> <p>Twice</p> <p>Three times</p> <p>Four times</p> <p>Other - Indicate what:</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6												
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<p><b>6.5</b></p>	<p><b>How often per year do <u>you</u> test the HbA1C in clients who are <u>not</u> maintaining glycaemic control? (Mark one box)</b></p> <p>Never</p> <p>Once</p> <p>Twice</p> <p>Three times</p> <p>Four times</p> <p>Other - Indicate what:</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6												
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<p><b>6.6</b></p> <p>6.6.1</p> <p>6.6.2</p> <p>6.6.3</p> <p>6.6.4</p> <p>6.6.5</p>	<p><b>Which annual screens are performed in your Occupational Health Clinic/Centre? (Mark one box for each question)</b></p> <p>Full medical examination</p> <p>A dilated and comprehensive eye examination</p> <p>An examination for distal symmetric polyneuropathy</p> <p>A comprehensive foot examination</p> <p>Other: Indicate what:</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Yes	No	Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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<p><b>6.7</b></p>	<p><b>If any of the screens above are not performed, please indicate why in this space?</b></p>	<table border="1"> <tr><td>1</td></tr> </table>	1																	
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<p><b>6.8</b></p> <p>6.8.1</p> <p>6.8.2</p> <p>6.8.3</p> <p>6.8.4</p> <p>6.8.5</p>	<p><b>Which of the following mental health aspects do you follow up on?</b> <i>(Mark one box for each question)</i></p> <p>Psychosocial issues related to diabetes</p> <p>Depression/Anxiety</p> <p>Eating disorders</p> <p>Cognitive impairment</p> <p>Other: Indicate what:</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Yes	No	Don't know																1	2	3
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<p><b>6.9</b></p>	<p><b>Where do <u>MOST</u> of your clients with diabetes get their medication?</b> <i>(Mark one box)</i></p> <p>Local clinic</p> <p>Day hospital/Community Health Centre</p> <p>Tertiary institution</p> <p>Private general practitioner</p> <p>Physician</p> <p>Occupational Medicine Practitioner</p> <p>Occupational Health Nurse Pratictioner</p> <p>Other - Indicate what:</p>	<table border="1"> <tbody> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>6</td></tr> <tr><td></td><td>7</td></tr> <tr><td></td><td>8</td></tr> </tbody> </table>		1		2		3		4		5		6		7		8					
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<p><b>6.10</b></p>	<p><b>What signs and symptoms do you use to identify hypoglycaemia?</b> <i>(Please list the signs and symptoms in the space below)</i></p>	<table border="1"> <tbody> <tr><td></td><td>1</td></tr> </tbody> </table>		1																			
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<p><b>6.11</b></p>	<p><b>What treatment do <u>you</u> give for hypoglycaemia, in a conscious client?</b> <i>(Mark one box)</i></p> <p>10 -15 g of glucose</p> <p>15 - 20 g of glucose</p> <p>20 - 25 g of glucose</p> <p>Other: Indicate what:</p>	<table border="1"> <tbody> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> </tbody> </table>		1		2		3		4													
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<p><b>6.12</b></p>	<p><b>Do you offer an annual influenza vaccine to your clients with diabetes?</b> <i>(Mark one box)</i></p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Yes	No	Don't know				1	2	3												
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<p><b>6.12.1</b></p>	<p><b>If not, please indicate why in this space:</b></p>																						
<p><b>6.13</b></p>	<p><b>What percentage of your clients with diabetes accept the influenza vaccine?</b> <i>(Mark one box)</i></p> <p>0 - 15%</p> <p>16 - 30%</p> <p>31 - 40%</p> <p>41 - 50%</p> <p>51 - 60%</p> <p>61 - 70%</p> <p>More than 70%</p>	<table border="1"> <tbody> <tr><td></td><td>1</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>6</td></tr> <tr><td></td><td>7</td></tr> </tbody> </table>		1		2		3		4		5		6		7							
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6.18	For how many years have you managed clients with diabetes? <i>(Insert a number in the box)</i>	<input type="text"/>	1								
6.19	<b>What barriers do you experience in the management of clients with diabetes in your workplace? <i>(Mark one box for each question)</i></b> 6.19.1 Time constraints 6.19.2 Lack of resources 6.19.3 Burden on your service 6.19.4 High financial costs 6.19.5 Non-compliance with treatment regimes 6.19.6 Non-compliance with lifestyle modifications 6.19.7 Lack of self-management on the part of the patient with diabetes 6.19.8 Other - Indicate what:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8								
6.20	<b>Which of the following strategies are you currently implementing in your diabetes management programme? <i>(Mark one box for each question)</i></b> 6.20.1 Improving the health care education of health professionals through in-service training 6.20.2 The delivery of diabetes self-management education 6.20.3 The adoption of guidelines for your practice 6.20.4 The use of checklists that mirror the guidelines used 6.20.5 Quality improvement programmes 6.20.6 The clustering of dedicated diabetes visits into specific times 6.20.7 The organisation of visits to multiple health care professionals on a single day 6.20.8 The implementation of tracking systems by means of electronic medical records 6.20.9 The availability of case/care management services 6.20.10 The availability and involvement of expert consultants on-site 6.20.11 Other: Indicate what:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11								
6.21	Do you have a guideline that you use for the management of your clients with diabetes? <i>(Mark one box)</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	1	2			
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6.22	<b>If you <u>do</u> have a guideline/s, please complete questions 6.22.1 - 6.22.4:</b> 6.22.1 The full name of the guideline/s:  6.22.2 The author/publisher/compiler of the guideline/s:  6.22.3 How you obtained the guideline/s:  6.22.4 Does this guideline provide you with all the information you need to implement a diabetes management programme at your workplace?	1  1  1  <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </table>	Yes	No	Unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3
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