

## AU76 Supplementary interview on diabetes mellitus

Interviewees

- Prerequisites: 1. Referred to a doctor or hospital from the previous Mobile Clinic health examination because of diabetes
2. In the baseline questionnaire question 54 (Diabetes mellitus) answered Yes and/or Question 79 (Diabetes mellitus) answered Yes

Detection

- 1. Was one referred to a doctor or hospital from the previous Mobile Clinic Health examination because of diabetes?** (To be filled in based on the identification card)  
0 No  
1 Yes  
(if no, proceed to question 9)
- 2. Did you go to a doctor or hospital due to the MC referral (sent by mail) because of diabetes?**  
0 No  
1 Yes  
(If yes, proceed to question 4)
- 3. Why did you not go?**
  - 1 I was already being treated,
  - 2 Other reason What?
- 4. What did the doctor say to you after the examinations?**
  - 0 No diabetes or other abnormality,
  - 1 Diabetes mellitus,
  - 2 Latent diabetes,
  - 3 No diabetes but temporarily raised blood sugar,
  - 4 Other disease What?
  
  - 8 Did not say anything
- 5. Did the doctor at that time prescribe you any of the following for raised blood sugar:** *(Cross, if yes. If one was already taking the medication that was further prescribed, also cross)*
  - a Insulin treatment,
  - b Tablet treatment,
  - c Diet therapy,
  - d Recommended to lose weight,
  - e *None of these above*

(If a or b, proceed to question 7)
- 6. Has a doctor later prescribed you any of the following for raised blood sugar:**
  - a Insulin treatment,
  - b Tablet treatment,
  - c Diet therapy,
  - d Recommended to lose weight,
  - e *None of these*

(if a or b, ask 7, otherwise go to 8)

- 7. When (which year) did a doctor prescribe medications (a or b) for the first time?**
- 8. How many times did you have your urine or blood sample analyzed in a laboratory (or doctor's surgery) for glucose during the past 12 months?**

- 9. Has a doctor ever diagnosed you with diabetes mellitus? (To be filled in based on the baseline questionnaire)**

0 No

1 Yes

(If no and 5 = no and 6 =no, finish the interview)

- 10. When was diabetes detected for the first time?**

1 Before the previous MC health examination,

2 In the previous MC health examination, (proceed to question 14)

3 After the previous MC health examination

- 11. Did the doctor at that time prescribe any of the following because of diabetes? (Cross, if Yes)**

a Insulin treatment,

b Tablet treatment,

c Diet therapy,

d recommended to lose weight,

e *None of these*

(if a or b, proceed to question 13)

- 12. Has a doctor later prescribed you any of the following because of diabetes:**

a Insulin treatment,

b Tablet treatment,

c Diet therapy,

d Recommended to lose weight,

e *None of these*

(If a or b, go to 13, otherwise go to 14)

- 13. When (which year) was medication prescribed for the first time?**

#### **Examination and treatment by a doctor and public health nurse**

- 14. How many times have you visited a doctor because of diabetes during the past 12 months?**

*(Polyclinic + outpatient care + home visits + hospital care)*

- 15. How many times have you visited a public health nurse because of diabetes during the past 12 months?**

- 16. When do you have an appointment to visit a doctor next time because of diabetes?**

1 No appointment,

2 Only as needed,

3 Time of visit appointed *After how many months?*

- 17. The interviewer's assessment of the continuity of doctor-patient relationship (*past 24 months*)**

0 no visits

1 usually with different doctors

2 usually with the same doctor, also mark 2, if visited several different doctors, but referred to these by the own doctor)

- 18. How many times did you have your urine or blood sample analyzed in a laboratory (or doctor's surgery) for glucose during the past 12 months?**

## Medication

**19. Which medicines prescribed by a doctor do you currently take because of diabetes mellitus?**

Names:

- 0 None
- 1 Insulin
- 2 Tablets
- 3 Insulin + tablets
- 4 Other

**20. Did you on your own initiative interrupt the medication for more than 2 weeks during the past 24 months? (or after the beginning of the first treatment, if it was less than 24 months ago)**

- 0 No
- 1 Yes, once
- 2 Yes, several times

**21. How were your prescriptions of medicines for diabetes last renewed?**

- 0 Had a medicine, never renewed,
- 1 At a personal doctor visit,
- 2 On phone call or via someone else who visited the doctor,
- 3 In the pharmacy by phone or 'automatically'

**22. Who is the doctor currently treating you for diabetes?**

*Name*

*Address*

- 1 I cannot say