



Research article

Diabetes education—Cornerstone in management of diabetes mellitus in Jamaica

Paula Barrett-Brown¹, Donovan McGrowder² and Dalip Ragoobirsingh^{3,*}

¹ Ministry of Health, Kingston Jamaica

² Department of Pathology, Faculty of Medical Sciences, University of the West Indies, Kingston 7, Jamaica, West Indies

³ Department of Basic Medical Sciences, Faculty of Medical Sciences, University of the West Indies, Kingston 7, Jamaica, West Indies

* **Correspondence:** Email: dalip.ragoobirsingh@uwimona.edu.jm; Tel: 18769772560.

Questionnaire

Code:	Date:
Docket number:	

Kindly answer the following questions with a tick where applicable.

Demographic Data:

1. Age: ≤19 years () 20–29 years () 30–39 years () 40–49 years ()
50–59 years () ≥60 years ()

2. Gender: male () female ()

3. Are you: Single () Married () Divorced () Living with partner ()
Visiting Relationship () Living with family ()

4. Are you: Employed () Unemployed () Self-employed ()
Hustle now and then () Other ()

5. Where do you live?

Education History:

6. Which of the following schools did you attend? Tick all that applies.

Basic or Infant School	()	Secondary or High School	()
Elementary School	()	College	()
Prep School	()	University	()
Primary School	()	Other	()

Medical History:

7. How long have you had type 2 diabetes? () 1–3 yrs () 4–6 yrs () 7–9 yrs () ≥10 yrs

8. a. Do you have any other medical condition? () yes () no

b. If yes, please state, and for how long?

9. a. What medications are you on?

Diabetes Tablets () Insulin () Cholesterol Tablets () Heart Tablets ()

Other: _____

b. Can you name your medications? () yes, all of them () yes, some of them () no

c. If yes, please list.

Knowledge of Self-Care

10. How well do you know:

	Very well	Not so well	Need more help	Comments
• How to take your medications?(if very well, please state)				
• How to make food choices to prevent an increase in your blood sugar? (if very well, please state)				
• How often to test your blood sugar? (if very well, please state)				
• How often to exercise? (if very well, please state)				

Continued on next page

	Very well	Not so well	Need more help	Comments
• What to do if your blood sugar goes low? (if very well, please state)				
• What your blood sugar should be when tested for it to be controlled? (if very well, please state)				

Patient Self-Management

11. Over the past year, how difficult has it been for you to do each of the following exactly as told by a health worker to take care of your diabetes?

	So difficult you couldn't do it (Why, in the comments section)	You got it exactly right (How, in the comments section)	Not difficult, but you didn't do it (why, in comments section)	Comments
Take medications as prescribed				
Exercise regularly (at least 30 mins. 3 days per week)				
Make food choices to prevent an increase in your blood sugar				
Monitor or check blood sugar level				
Check feet for wounds and sores				

11. Laboratory Data:

Lab Values	Index Visit (time of interview)	Visit at 3 months (previous)	Visit at 6 months (previous)	Visit at 9 months (previous)
RBG:				
HbA1c:				
Other: __Urine__				
Other: __Blood Pressure__				



AIMS Press

© 2021 the Author(s), licensee AIMS Press. This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>)