

Questionnaire Code □□□□□□□□□

Type (tick): Sampling

Substitute

Informed Consent Form for the Survey on Service Demand and Utilisation for Chronic Disease Management (Hypertension and Diabetes) in Jiashan County

The Institute of Social Management at Beijing Normal University, in collaboration with the School of Health Management at Inner Mongolia Medical University, is currently conducting a "Survey on Service Demand and Utilisation for Chronic Disease Management (Hypertension and Diabetes) in Jiashan County". This questionnaire targets hypertension and diabetes patients aged 40 years and above residing in Jiashan County. The survey covers physical health status, disease burden, digital technology management, lifestyle habits, medical and social support, medication usage, psychological coping with illness, and healthcare service utilization. Its purpose is to provide evidence for formulating chronic disease management service policies in Jiashan County. We sincerely hope you will participate in this interview to share your valuable insights and opinions. Should you agree, please sign the consent form below and provide your contact telephone number. All information gathered during this survey will be treated with strict confidentiality; no other individuals or organization will have access to these details. Participation in this survey interview is entirely voluntary, and you may discontinue at any time. Should physical or mental health conditions prevent you from responding, a family member may answer on your behalf; in such cases, please have the family member sign this consent form.

Your participation will greatly assist the government in formulating public health and healthcare service policies. Thank you for your cooperation. We wish you good health and happiness!

Consent Form

Elderly Person (Name) _____ Consents to be interviewed by government personnel conducting the "Survey on the Demand for and Utilisation of Chronic Disease Management Services in Jiashan County".

Signature of the Elderly Person: _____ ; **Telephone:** _____ ;

Signature of proxy: _____ ; **Relationship between proxy signatory and**

elderly person: _____ ;

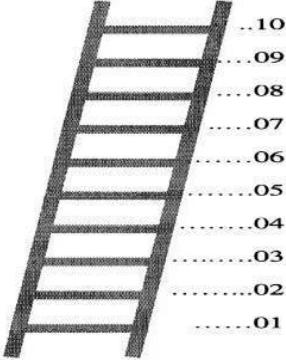
Instructions for Completing the Form

1. Please tick (✓) the appropriate answer number after each question or fill in the answer in the space provided ().
2. Unless otherwise specified, only one answer may be selected per question.
3. When completing this questionnaire, please answer independently without consulting others.

Diabetes Patient Survey Questionnaire

Question Number	Question and Options
T01	Respondent: (1) Patient themselves (proceed to TA1) (2) Patient themselves and relative (3) Relative (4) Patient themselves and village doctor (5) Village doctor (6) Other (please specify in text)
T02	Reasons for patient not answering questions or all questions(1)Inability to correctly understand and answer questions (2) Language communication barriers (3) Other (please specify in text) ()
T03	Is the patient's condition diabetes mellitus ? If hypertension, please use the hypertension questionnaire.
Basic Information	
TA1	What is your age? ()
TA2	Your gender: (1) Male (2) Female
TA3	Your level of education: (1) No schooling (2) Primary school (3) Secondary school (4) Senior secondary/technical college (5) Secondary vocational school/technical college (6) College/Diploma (7) Undergraduate degree and above
TA4	Your marital status: (1) Married (2) Unmarried (3) Divorced (4) Widowed
TA5	Current cohabitation status: (1) Spouse children (2) Living alone (3) Children (4) Spouse and (5) Domestic helper (6) Spouse, children and domestic helper (7) Domestic helper and children (8) Other
TA6	Your current employment status: (1) Employed (2) Unemployed or seeking employment (3) Retired
TA7	Your occupation type (including those previously employed but currently unemployed or retired): (1) Agricultural worker (2) Commercial/service worker (3) Self-employed (4) General office staff (5) Manager in government agencies, enterprises or public institutions (6) Professional and technical personnel (7) Military personnel (8) Other
TA8	Which type of medical insurance do you primarily use? (1) Publicly funded medical care (2) Basic Employee Medical Insurance (3) Urban Resident Basic Medical Insurance (4) Other medical insurance (5) No insurance whatsoever
TA9	Are you classified as a local impoverished household? (1) Yes (2) No (proceed to TA12)
TA10	Are you registered as a local low-income household? (1) Yes (2) No (proceed to TA12)

	If you are classified as a low-income household or a recipient of local subsistence allowances, what do you consider to be the primary cause of your financial hardship?		
TA11	(1) Limited labour force (2) Adverse natural conditions or disasters (3) Loss of labour capacity due to illness or injury		
	(4) Medical treatment expenses Human factors	(5) Unemployment or lack of employment	(6) (7) Other

TA12	 <p>This ladder represents the varying socioeconomic statuses of different households, with higher levels indicating greater socioeconomic standing. For instance, 01 denotes the lowest rung of society, where individuals from these households endure the most challenging living conditions, possessing the lowest educational attainment, the least dignified occupations, and the most meagre incomes; 10 signifies the highest rung, where individuals from these households enjoy the most affluent living conditions, possessing the highest educational attainment, the most dignified occupations, and the most substantial incomes.</p> <p>Now, considering your circumstances, reflect on where you believe your household ranks on this ladder within your community or village? () (Please select a number from 1 to 10)</p>
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TA13	The distance from your home to the nearest medical facility is () kilometres away, and the quickest journey to reach it takes () minutes, and the primary mode of transport is ().
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Disease burden situation

TB1	At present, your household comprises () persons? (referring to registered household members)
TB2	Over the past year, your household's income was approximately () yuan? (yuan should ideally be expressed as a numerical value, e.g., 10000)
TB3	Over the past year, your personal income was approximately () yuan?
TB4	Over the past year, your household's expenditure on living expenses was approximately () yuan?
TB5	Over the past year, what was your total expenditure on personal medical expenses? () yuan?
TB6	Of this amount, how much did you spend on diabetes treatment? () yuan? Of this amount, the proportion reimbursable by medical insurance was ()
TB7	During the past year, were you admitted to hospital? (1) Yes (2) No (proceed to TC1)
TB8	Transportation costs incurred due to hospitalisation () yuan?
TB9	Your attendant care expenses incurred due to hospitalisation () yuan?

Basic health and medication usage

TC1	When were you diagnosed with diabetes? ()
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TC2	How was your diabetes confirmed? (1) Village health clinic (2) Consultation at a township health centre (3) Consultation at a district central hospital (4) Consultation at another district hospital (5) Township health centre medical examination (6) Private clinic consultation (7) Self-monitoring (8) Other ()				
TC3	How severe do you personally perceive your diabetes to be? (1) Very severe (2) Serious (3) Moderate (4) Mild (5) Very mild				
TC4	In diabetes management, what is your level of management? (1) Conventional management (2) Intensive management				
TC5	Are you currently taking medication to control your blood sugar? (1) Yes (proceed to TC7) (2) No				
TC6	Reason for not taking medication? (Proceed to TD1) (1) No medication required as per doctor's advice (2) I consider my condition not severe enough to require medication (3) Unable to afford medication (4) Discontinuation of medication due to symptom improvement (5) Discontinuation due to inadequate control (6) Other reasons ()				
TC7	Which level of doctor primarily prescribed your hypoglycaemic medication? (1) District hospital doctor (2) Doctor at a township health centre (3) Village doctor (4) Other ()				
TC8	How effective do you find the blood sugar-lowering medication prescribed by your doctor for controlling your blood glucose levels? (1) Not effective (2) Not very well (3) Average (4) Quite good (5) Very good				
Medication adherence status					
		Never	Occasionally	Frequency	Always
Type 1 diabetes	Do you often forget to take your medication?	1	2	3	4
TD2	Do you often decide not to take your medication?	1	2	3	4
TD3	Do you often forget to collect your prescriptions?	1	2	3	4
TD4	Do you typically experience medication discontinuation?	1	2	3	4
TD5	If you feel your symptoms are improving, would you stop taking your medication as prescribed?	1	2	3	4
TD6	If you feel unwell, would you skip taking your medication on time?	1	2	3	4
TD7	Do you often forget to take your medication on time?	1	2	3	4
TD8	Do you frequently alter your medication dosage according to your own needs (such as reducing or increasing the dose yourself)?	1	2	3	4

TD9	If the medication is taken more than once daily, do you often forget to take it?	1	2	3	4
TD10	Do you often plan ahead for prescriptions before your medication runs out?	1	2	3	4

Lifestyle habits

TE1	Have you taken care to reduce your intake of salt or foods high in salt (such as salted fish, pickled vegetables, cured meats, etc.)? (1) Never (2) Occasionally (3) Sometimes (4) Often (5) Always				
TE2	Have you been mindful of reducing your intake of foods high in cholesterol or fats (such as fatty meats, fried foods, etc.)? (1) Never (2) Occasionally (3) Sometimes (4) Often (5) Always				
TE3	Do you consistently engage in regular weekly exercise (such as walking, jogging, square dancing, badminton, etc.) three times or more, with each session lasting 30-40 minutes? (1) Never (2) Occasionally (3) Sometimes (4) Frequently (5) Always				
TE4	Do you smoke? (1) Yes (2) No (proceed to TE7) (3) Have quit (Go to TE7)				
TE5	Have you consciously decided to quit smoking and started the process? (1) Yes (proceed to TE7) (2) No				
TE6	Looking back over the past 7 days, what was your average daily consumption of cigarettes? () cigarettes (Note: One liang of local tobacco = 10 cigarettes; one stick = 5 cigarettes)				
TE7	Do you drink alcohol? (1) Yes (2) No (proceed to TF1) (3) Abstinent (proceed to TF1)				
TE8	How frequently do you drink alcohol? (1) At least 3 times per week (2) 1-2 times per week (3) Less than once a week				
TE9	Have you consciously attempted to reduce your alcohol consumption and begun limiting your drinking? (1) Yes (2) No				
TE10	Your typical drinking volume per occasion is () Two (Note: Refers to baijiu. One bottle of beer = 1 liang baijiu; 1 jin of wine = 5 liang baijiu; 1 can of beer = 1 liang of baijiu; 1 jin of huangjiu = 6.5 liang of baijiu)				

Electronic health literacy status

		Very poor Agree	Somewhat disagree Agree	Don't know Don't know	Some agree	Very much agree agree
TF1	Do you know how to search online for useful health and wellbeing resources?	1	2	3	4	5
TF2	Do you know how to use the internet to find answers to your health questions?	1	2	3	4	5
TF3	What health and wellness resources are available online?	1	2	3	4	5

TF4	Do you know where to find useful health and wellbeing resources online?	1	2	3	4	5
TF5	Do you know how to utilise the online health resources you've accessed to help yourself?	1	2	3	4	5
TF6	Do you possess the skills to evaluate the quality of online health and medical resources?	1	2	3	4	5
TF7	Are you able to distinguish between high-quality and low-quality health information resources online?	1	2	3	4	5
TF8	You feel more confident about making health-related decisions based on information found online	1	2	3	4	5

Utilisation of Smart Health Chronic Disease Management and Healthcare Services

TG1	Have you ever used a hospital self-service registration kiosk to book an appointment? (1) Yes (2) No (3) Not sure					
TG2	Have you ever used a hospital data collector to examine your body and collect basic data? (1) Yes (2) No (3) Not sure					
TG3	Do you use digital health management mini-programmes (such as the Jiashan 12320 mini-programme) for appointment booking? (1) Yes (2) No					
TG4	Do you use the chronic disease management feature within digital health management mini-programmes (e.g., the Jiashan 12320 mini-programme)? (1) Yes (2) No (proceed to TG11)					
TG5	What are your reasons for using the chronic disease management feature within digital health management mini-programmes (e.g., Jiashan 12320 Mini-Program)? (Multiple selections permitted) (1) To verify disease information according to medical advice (2) To remind myself to self-manage (3) To view my own disease information (4) To learn health knowledge (5) Other ()					
TG6	Which features do you primarily use within digital health management mini-programmes (such as the Jiashan 12320 mini-programme)? (Multiple selections permitted) (1) Smart triage function (2) Appointment booking function (3) Report retrieval function (4) Healthcare evaluation function (5) Health records functionality (6) Health Consultation Function (7) Chronic Disease Management Assistant (8) Medication Enquiry Function (9) Other ()					
TG7	Compared to the past, do you find the health management mini-programme (Jiashan 12320 Mini-Programme) makes it easier for you to access medical assistance? (1) Yes (2) No (3) No change					

TG8	<p>Compared to the past, in which aspects do you believe the health management mini-program (Jiashan 12320 Mini-Program) has facilitated your chronic disease management?</p> <p>(Multiple selections permitted)</p> <p>(1) Appointment booking Medication management</p> <p>(2) Health education and self-management (3) Health assessment and medical decision-making</p> <p>(5) Contacting Medical Practitioners</p>		
TG9	<p>Compared to the past, would you be more inclined to proactively contact your doctor due to the convenience offered by the health management mini-programme (Jiashan 12320 Mini-Programme)?</p> <p>(1) Yes (2) No (3) No change</p>		
TG10	<p>How effective do you consider the health management mini-program (Jiashan 12320 Mini-Program) and online communication to be in assisting your chronic disease management?</p> <p>(1) Extremely helpful (2) Somewhat helpful (3) Not very helpful (4) Not at all helpful</p>		
TG11	<p>Do you and your GP use online communication tools (such as WeChat, text messages, phone calls, etc.) for chronic disease management discussions?</p> <p>(1) Yes (2) No (proceed to TG13)</p>		
TG12	<p>How frequently do you and your GP use online communication tools (such as WeChat, text messages, telephone, etc.) for chronic disease management discussions?</p> <p>(1) Never (2) Once every three months (3) Every two months (4) Once a month (5) Every fortnight</p> <p>(6) Once a week (7) Almost daily</p>		
TG13	<p>In the past year, have you visited your local village health centre (community health service station) for diabetes-related reasons?</p> <p>(1) Yes, () times/year; (2) No</p>		
TG14	<p>In the past year, have you visited a local health centre (community health service centre) for diabetes-related reasons?</p> <p>(1) Yes, () times per year; (2) No</p>		
TG15	<p>In the past year, have you been hospitalised for diabetes? (1) Yes () times/year; (2) No</p>		

Family Doctor Follow-up Service Status

TH1	Over the past three months, how many times have you measured your blood glucose? () times		
TH2	Of these, how many were measured by your community doctor during follow-up visits? () times		
TH3	<p>What methods do you primarily use to measure your blood glucose? (multiple selections permitted)</p> <p>(1) Follow-up visits (2) Health check-ups (3) Measurement during visits to district-level medical institutions centres for blood glucose testing</p> <p>(4) Proactively visiting community</p> <p>(5) Self-monitoring of blood glucose (6) Other</p>		
TH4	<p>Have you received follow-up services from your GP? (1) Yes (2) No (proceed to TH8) (3) Not sure</p>		

TJ4	Over the past seven days, on how many days did you consume high-fat foods such as red meat or full-fat dairy products?	0	1	2	3	4	5	6	7
TJ5	Over the past seven days, on how many days did you distribute your carbohydrates evenly across each meal?	0	1	2	3	4	5	6	7
TJ6	Over the past seven days, on how many days did you engage in at least 30 minutes of physical activity?	0	1	2	3	4	5	6	7
TJ7	Over the past seven days, excluding household chores, on how many days did you engage in dedicated exercise (such as walking or practising Tai Chi)?	0	1	2	3	4	5	6	7
TJ8	Over the past seven days, how many days did you monitor your blood glucose?	0	1	2	3	4	5	6	7
TJ9	Over the past seven days, on how many days did you monitor your blood sugar as frequently as recommended by healthcare professionals?	0	1	2	3	4	5	6	7
TJ10	Over the past seven days, how many days did you check your feet?	0	1	2	3	4	5	6	7
TJ11	Over the past seven days, how many days did you check the inside of your shoes?	0	1	2	3	4	5	6	7
TJ12	Over the past seven days, how many days did you wash your feet?	0	1	2	3	4	5	6	7
TJ13	Over the past seven days, how many days did you soak your feet?	0	1	2	3	4	5	6	7
TJ14	Over the past seven days, on how many occasions did you dry between your toes after washing your feet?	0	1	2	3	4	5	6	7
TJ15	Over the past seven days, on how many days did you take your diabetes medication exactly as prescribed?	0	1	2	3	4	5	6	7
(Elderly individuals taking oral medication for diabetes)									
TJ16	Over the past seven days, on how many days did you inject insulin as prescribed?	0	1	2	3	4	5	6	7
(Elderly individuals using insulin injections for diabetes treatment)									

Self-efficacy (confidence) status

		Not at all Confidence	Confidence Insufficient	Some Confidence	Very Confidence	Absolute ly confidence
TK1	Are you confident you can eat breakfast, lunch and dinner at fixed times every day, consuming a fixed portion sizes?	1	2	3	4	5

TK2	When dining with non-diabetics, are you confident you can maintain your usual portion sizes and food choices?	1	2	3	4	5
TK3	When you're hungry, are you confident in choosing the right food?	1	2	3	4	5
TK4	Are you confident you can manage 4-5 sessions of exercise per week, each lasting 15-30 minutes?	1	2	3	4	5
TK5	When you exercise, are you confident you can avoid hypoglycaemia?	1	2	3	4	5
TK6	When your blood sugar rises or falls, are you confident in handling it correctly?	1	2	3	4	5
TK7	When your body undergoes changes, do you feel confident in assessing your physical condition and seek timely medical attention?	1	2	3	4	5
TK8	Do you have confidence in managing your own diabetes condition so that it does not impact your life? do you feel confident you can manage your diabetes effectively?	1	2	3	4	5
TK9	If you follow your doctor's advice, are you confident you can prevent and manage diabetes-related complications? ?	1	2	3	4	5

Diabetes Knowledge Awareness

TL1	Can diabetes be prevented? (1) Yes (2) No (3) Not sure
TL2	Are obese individuals more susceptible to diabetes? (1) Yes (2) No (3) Not sure
TL3	Do you know the normal fasting blood glucose level for adults? (1) Yes (2) No
TL4	Does "three excesses and one deficiency" refer to excessive thirst, excessive hunger, excessive urination, and weight loss? (1) Yes (2) No (3) Not sure
TL5	Can diabetes sometimes present with symptoms such as palpitations, trembling hands, excessive sweating, and hunger? (1) Yes (2) No (3) Not sure
TL6	Can diabetes cause vision loss? (1) Yes (2) No (3) Not sure
TL7	Do symptoms of diabetes include itchy skin or recurring boils? (1) Yes (2) No (3) Not sure

TL8	Can you name the complications of diabetes? (Multiple selections possible) Diabetic foot disease (2) Diabetic nephropathy (3) Diabetic eye disease Cardiovascular and cerebrovascular diseases (5) Skin disorders(6) Don't know (7) Other, please specify ()
TL9	If diagnosed with diabetes, must treatment be undertaken even in the absence of symptoms? (1) Yes (2) No (3) Not sure
TL10	Is regular blood glucose monitoring required when treating diabetes? (1) Yes (2) No (3) Not sure
TL11	Is dietary control necessary for treating diabetes? (1) Yes (2) No (3) Not sure
TL12	Is it necessary to increase physical activity appropriately when treating diabetes? (1) Yes (2) No (3) Not sure
TL13	Can diabetes be controlled through treatment? (1) Yes (2) No (3) Not sure
TL14	After developing diabetes, can medication be discontinued once blood sugar levels normalise? (1) Yes (2) No (3) Not sure

Disease burden (discomfort) situation

		No sensa tion	Mild ly affec ted	Mod erately sensa tion	Slight ly notic able	Seve re sensa tion	Very sever e sensa tion
TM1	You feel that the doctor lacks knowledge about diabetes and its management.	0	1	2	3	4	5
TM2	Do you feel that diabetes is draining your energy and stamina on a daily basis?	0	1	2	3	4	5
TM3	You feel lacking in confidence regarding your ability to manage diabetes on a daily basis.	0	1	2	3	4	5
TM4	Whenever you think about living with diabetes, you feel angry, afraid, and/or depressed.	0	1	2	3	4	5
TM5	Do you feel that your doctor has not clearly explained diabetes management to you?	0	1	2	3	4	5
TM6	You feel you cannot manage to test your blood sugar regularly.	0	1	2	3	4	5
TM7	You feel your life will end due to long-term complications, regardless of what you	0	1	2	3	4	5

TM8	You often find yourself at a disadvantage with routine matters due to diabetes.	0	1	2	3	4	5
TM9	You feel that friends and family are not sufficiently supportive of you (e.g., planned activities conflict with conflict with your arrangements, or encouraging you to eat the "wrong" foods).	0	1	2	3	4	5
TM10	Do you feel that diabetes controls your life?	0	1	2	3	4	5
TM11	You feel your doctor has not properly considered your concerns.	0	1	2	3	4	5
TM12	You feel you haven't strictly adhered to a good dietary plan.	0	1	2	3	4	5
TM13	Do you feel that friends and family cannot understand how difficult life is for someone with diabetes? challenging.	0	1	2	3	4	5
TM14	Feeling overwhelmed by some of the demands of living with diabetes.	0	1	2	3	4	5
TM15	You feel that there isn't a doctor who can monitor your diabetes on a very regular basis.	0	1	2	3	4	5
TM16	You feel you are not sufficiently proactive in maintaining your diabetes self-management.	0	1	2	3	4	5
TM17	You feel that friends and family are unable to provide the emotional support you desire.	0	1	2	3	4	5

Family Support Situation

		Yes	No
TN1	My family provides me with unwavering support whenever I need it.	1	0
TN2	I can get good advice from my family members.	1	0
TN3	My close relationships with family members are not as strong as those with other people.	1	0
TN4	After confiding my pain to my closest family member, she (he) felt the same pain.	1	0
TN5	My family members are happy to listen to my thoughts.	1	0
TN6	Much of my happiness is shared with my family members.	1	0
TN7	I rely on my family members for emotional (mental) support	1	0
TN8	If I feel down, I can confide in a family member without fear of being mocked afterwards	1	0

TN9	Matters of mutual concern between myself and family members can be openly discussed.	1	0
TN10	My family members are sensitive to my personal needs.	1	0
TN11	My family members are happy to help me solve problems.	1	0
TN12	I have a good relationship with many members of my family.	1	0
TN13	When I confide in family members, it makes me feel uncomfortable.	1	0
TN14	I feel uncomfortable when others become overly close to my family members.	1	0
TN15	I wish my family were different from what it is now.	1	0

Medical and social support situation

TP1	How many close relatives and friends do you have (meaning those you find easy to get along with and can confide in)? Please write down the number of close relatives and friends: () People sometimes seek companionship, assistance, or other forms of support from others. When you need it, how often do you receive each of the following types of support?	Never	Rarely	Occasionally	Most of the time	All the time
TP2	If you are confined to bed rest, someone can assist you.	1	2	3	4	5
TP3	When you need to confide, there are certain people you can count on to listen.	1	2	3	4	5
TP4	During times of hardship and difficulty, someone offers you sound advice or counsel.	1	2	3	4	5
TP5	Should you require it, someone will accompany you to see a doctor.	1	2	3	4	5
TP6	Someone has expressed their deep affection and concern for you.	1	2	3	4	5
TP7	Someone is sharing this moment with you.	1	2	3	4	5
TP8	Someone has provided you with some information to demonstrate that you understood the situation at the time.	1	2	3	4	5

TP9	There is someone worthy of your trust to whom you may confide your affairs or concerns.	1	2	3	4	5
TP10	Someone will look after you.	1	2	3	4	5
TP11	Someone is gathering with you for a relaxed time.	1	2	3	4	5
TP12	If you are unable to cook for yourself, someone will prepare meals for you.	1	2	3	4	5
TP13	Some people's advice is what you truly crave.	1	2	3	4	5
TP14	Having someone to do things with allows you to put your mind at ease.	1	2	3	4	5
TP15	When you are unwell, someone will take care of your daily chores.	1	2	3	4	5
TP16	Someone shares your deepest fears and worries.	1	2	3	4	5
TP17	You may consult certain individuals regarding how to address personal matters.	1	2	3	4	5
TP18	Someone to share some happy moments with.	1	2	3	4	5
TP19	Someone understands your issue.	1	2	3	4	5
TP20	You cherish certain people and derive a sense of being needed.	1	2	3	4	5

Psychological Resilience

		Never	Rarely	Occasionally	Frequently	Always
TQ1	When significant changes occur, I am able to adapt to the transition.	1	2	3	4	5
TQ2	Whatever happens, I can handle it.	1	2	3	4	5
TQ3	When faced with problems, I try to look at things from a positive perspective.	1	2	3	4	5
TQ4	Having endured trials, I have grown stronger.	1	2	3	4	5
TQ5	After falling ill, sustaining an injury, or enduring hardship, I recover quite readily.	1	2	3	4	5
TQ6	Despite the obstacles, I believe my goals will be realised.	1	2	3	4	5
TQ7	Under pressure, I remain able to think clearly and focus on the task at hand.	1	2	3	4	5
TQ8	I shall not be discouraged by failure.	1	2	3	4	5

TQ9	When confronted with life's challenges and difficulties, I am a resilient person.	1	2	3	4	5
TQ10	I am able to handle negative feelings (such as sadness, fear, anger) well.	1	2	3	4	5

Self-Care Practices

		Very poor Compliant	Not Sufficient	Average	conforms	Very Compliant
TR1	After failing at things that matter to me, I feel my shortcomings are .	1	2	3	4	5
TR2	I endeavour to comprehend and tolerate those aspects of my character that I find disagreeable.	1	2	3	4	5
TR3	When painful things occur, I endeavour to approach them with equanimity.	1	2	3	4	5
TR4	When feeling low, I tend to think many people might be happier than me.	1	2	3	4	5
TR5	I endeavour to view my failures as an inevitable part of life's journey.	1	2	3	4	5
TR6	When times are tough, I will look after and treat myself kindly.	1	2	3	4	5
TR7	When faced with troublesome matters, I endeavour to maintain emotional stability.	1	2	3	4	5
TR8	When I fail at things that matter to me, I tend to feel like I'm bearing the failure alone, which leaves me feeling isolated.	1	2	3	4	5
TR9	When feeling low, I tend to dwell on things that aren't going my way.	1	2	3	4	5
TR10	When I feel inadequate in certain respects, I try to remind myself that most people people are just as imperfect as I am.	1	2	3	4	5
TR11	I maintain a critical stance towards my own shortcomings and deficiencies.	1	2	3	4	5
TR12	I cannot tolerate those aspects of my character that I dislike.	1	2	3	4	5

Disease self-management status

		Not at all Compliant	Barely Compliant	Uncertain	Essentially compliant	Fully Compliant
TS1	I can refuse things that are not good for me.	1	2	3	4	5
TS2	I wish I could be more self-disciplined.	1	2	3	4	5

TS3	To others, I appear to be a person of considerable self-discipline.	1	2	3	4	5
TS4	Sometimes, I get distracted by enjoyable things and end up neglecting the task at hand.	1	2	3	4	5
TS5	I find it difficult to concentrate.	1	2	3	4	5
TS6	I can maintain a high level of efficiency in my work to achieve long-term objectives.	1	2	3	4	5
TS7	Sometimes, I can't help but do certain things, even when I know it's wrong.	1	2	3	4	5
TS8	I often act without thinking things through properly.	1	2	3	4	5

Consideration of future disease outcomes

		Very unlikely Appropriate	Somewhat Comply	Uncertain	Somewhat Comply	Very Conforms
TU1	I shall consider matters pertaining to future ailments and endeavour to influence them through daily actions. influence them.	1	2	3	4	5
TU2	In the day-to-day management of illness, I typically undertake certain measures that do not yield immediate results.	1	2	3	4	5
TU3	I concern myself only with present matters; as for future ailments, where there's a will there's a way.	1	2	3	4	5
TU4	In the day-to-day management of my condition, my actions are guided by short-term outcomes (days or weeks).	1	2	3	4	5
TU5	Convenience is an important factor to consider when making decisions and taking action regarding the daily management of my illness. when making decisions and taking action.	1	2	3	4	5
TU6	I am willing to sacrifice present happiness or welfare to achieve a better future.	1	2	3	4	5
TU7	I believe it is important to be vigilant about the potential adverse outcomes of disease in the future, even if they may not manifest for several years.	1	2	3	4	5
TU8	In the day-to-day management of illness, I believe that doing things that are important and yield long-term results is more significant than doing things that are less important but yield immediate results.	1	2	3	4	5

TU9	I often overlook potential future health issues, as I believe I will resolve them before they manifest.	1	2	3	4	5
TU10	In the day-to-day management of illness, I believe the sacrifices made today are often unnecessary, as the future outcome of the disease can be addressed later.	1	2	3	4	5
TU11	I'm only concerned with matters at hand; I'll deal with future ailments later. matters.	1	2	3	4	5
TU12	In the day-to-day management of illness, because my daily work has particular effectiveness, , it is more important to focus on activities with long-term outcomes.	1	2	3	4	5

Health Indicators

TV1	What was your most recent fasting blood glucose reading ()?
TV2	What was your most recent postprandial blood glucose reading ()?
TV3	What was your most recent glycated haemoglobin value ()?
TV4	Your most recent measured height is () cm, and your weight is () kg, waist circumference () cm, and your hip measurement is ().