

APPENDIX: QUESTIONNAIRE

Title: Exploring the Facilitators and Barriers to Effective Diabetes Self-Management among Type 2 Diabetic Patients at a Teaching Hospital in Ghana

Section A: Demographic and Socioeconomic Information

1. Age: ___ years
2. Sex: Male Female
3. Marital status:
 - Single
 - Married
 - Divorced/Separated
 - Widowed
4. Educational level:
 - No formal education
 - Primary
 - Junior High School
 - Senior High School
 - Tertiary
5. Occupation: _____
6. Monthly income level (GHS):
 - Less than 500
 - 500–999
 - 1,000–1,499
 - 1,500–1,999
 - 2,000 and above
7. Duration since diabetes diagnosis:
 - Less than 1 year
 - 1–5 years
 - More than 5 years
8. Do you have health insurance? Yes No

Section B: Facilitators of Effective Diabetes Self-Management

Please indicate your level of agreement with the following statements:

(1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

No.	Statement	1	2	3	4	5
9.	I have adequate knowledge about managing my diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I receive enough education from healthcare professionals about diet and exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I have access to affordable medications for my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My family supports me in following my treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	Statement	1	2	3	4	5
13.	I can easily attend regular follow-up appointments at the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I have access to blood glucose monitoring equipment at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Support groups or community programs help me manage my diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Barriers to Effective Diabetes Self-Management

Please indicate your level of agreement with the following statements:

No.	Statement	1	2	3	4	5
16.	I sometimes cannot afford to buy my prescribed medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I find it difficult to follow a healthy diet consistently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I have limited access to healthy food options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Work or family responsibilities prevent me from exercising regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I face challenges in remembering to take my medications as prescribed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Transportation difficulties prevent me from attending hospital appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	The cost of diabetes monitoring supplies (e.g., test strips) is too high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Open-Ended Questions

1. What has helped you most in managing your diabetes?

2. What challenges make it difficult for you to manage your diabetes?

3. What suggestions do you have for improving diabetes care at the Sunyani Teaching Hospital?
