

Questionnaires

Part I: Socio demographic characters of type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

S.N	Questions	Responses	
101	What is your gender?	1. Male 2. Female	
102	What is your age (in years)?	_____?	
103	Level of education	1. Can't read and write 2. Primary education (Grade 1-8) 3. Secondary education 4. College and above	
104	Marital Status	1. Single 2. Married 3. Divorced 4. Widowed 5. Other (specify)	
105	Religion	1. Protestant 2. Muslim 3. Orthodox 4. Catholic 5. Other (specify)____	
106	Place of residence	1. Urban	

		2. Rural	
107	Occupation	1. Marchant 2. Civil servant 3. Housewife 4. Daily laborer 5. Other (specify)_____	
108	Monthly income	_____?	
109	Family size	1 <5 2 >= 5	

Part II: Household Food Insecurity Access Scale (HFIAS) Measurement Tool to assess type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

S.No	Question	Response Options	
201	In the past four weeks, did you worry that your household would not have enough food?	0 = No (skip to Q2) 1=Yes	
201.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks)	
		2 = Sometimes (three to ten times in the past four weeks)	
		3 = Often (more than ten times in the past four weeks)	
202.	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	0 = No (skip to Q3) 1=Yes	
202.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks)	
		2 = Sometimes (three to ten times in the past four weeks)	
		3 = Often (more than ten times in the past four weeks)	

203.	In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?	0 = No (skip to Q4) 1 = Yes	
203.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks)	
		2 = Sometimes (three to ten times in the past four weeks)	
		3 = Often (more than ten times in the past four weeks)	
204.	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	0 = No (skip to Q5) 1 = Yes	
204.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks)	
		2 = Sometimes (three to ten times in the past four weeks)	
		3 = Often (more than ten times in the past four weeks)	
205.	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	0 = No (skip to Q6) 1 = Yes	
205.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
206.	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	0 = No (skip to Q7) 1 = Yes	

206.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
207.	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	0 = No (skip to Q8) 1 = Yes	
207.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
208.	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	0 = No (skip to Q9) 1 = Yes	
208.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks) 2 = Sometimes (three to ten times in the past four weeks) 3 = Often (more than ten times in the past four weeks)	
209.	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	0 = No (questionnaire is finished) 1 = Yes	
209.a	How often did this happen?	1 = Rarely (once or twice in the past four weeks)	
		2 = Sometimes (three to ten times in the past four weeks)	
		3 = Often (more than ten times in the past four weeks)	

Part III: Behavioral, Knowledge and Psychosocial factors

Behavioral factors to assess type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

S.N	Questions	Responses
301	Do you smoke?	1. No (Skip to Q2) 2. Yes
302	Do you consume more than three/four bottles of alcohol per day?	1. No (Skip to Q3) 2. Yes

Part IV: Dietary Knowledge Assessment to assess type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

S.N	Questions	Response	
401	The diabetics' diet is:	a. The way most people eat. b. A healthy diet for most people. c. Too high in carbohydrates for most people. d. Too high in protein for most people.	
402	Which of the following is highest in carbohydrates?	a. Baked chicken. b. Cheese. c. Baked potato. d. Peanut butter.	
403	Which of the following is highest in fat?	a. Low fat milk. b. Orange juice. c. Corns. d. Honey.	
404	Which of the following is a food which you can eat freely?	a. Foods that do not contain added sugars b. Foods labeled as "diet" c. Foods labeled as "sugar-free" d. Foods labeled as "less calories"	

405	What is the effect of fruit juice on blood glucose?	a. Lowers it. b. Raises it. c. Has no effect.	
406	Which should be used to treat low blood sugar?	a. 3 hard candies b. beans c. carrots d. 1 cup skimmed milk	
407	A well-balanced diet includes:	a. Green leafy vegetables b. Less fiber rich foods c. Fatty meats. d. High sugar, salt and oil	
408	Which of these foods has highest amount of sugar in them?	a. Fruit juices b. Potatoes c. corns d. peanuts	
409	Which of these foods has highest amount of fat in them?	a. Butter b. Brown bread c. Chicken d. Rice	
410	Does your blood glucose level affected by your diet?	a. No b. Yes c. I do not know	
411	Which of the following contains highest amount of proteins?	a. Chicken and meat. b. Fruits and vegetables. c. Pulses and rice.	

		d. Cereals.	
412	Food that contains fats and oils gives us a lot of?	a. Vitamins. b. Calories. c. Minerals.	
413	Eating too many sugary foods may cause?	a. Diabetes b. Hypertension c. Tuberculosis d. Goiter	
414	Which of the following foods contains most cholesterol?	a. Peanut butter. b. Chicken. c. Strawberry jam. d. Chocolate spread.	
415	Breads, cereals, rice, and pasta are high in?	a. Calcium. b. Carbohydrates. c. Fat. d. Protein	
416	Whole-grain foods like brown rice and whole wheat bread are better choices than white rice and white bread because whole-grains contains:	a. More fiber. b. More vitamins C. c. Less minerals. d. More carbohydrates.	
417	Which of the following foods is a complete source of protein?	a. Bread. b. Fish. c. Dried beans.	

		d. Doughnut.	
418	Most of the excess sodium in our diet comes from?	a. Salt we add at the table. b. Sodium that is added during food processing and preparation. c. Sodium that occurs naturally in foods.	
419	Which of the following increase your blood glucose level?	a. Salad b. Fish c. Bread d. Avocado	
420	Which of the following contains a vitamin that is needed for good vision?	a. Carrot b. Apple c. Mango d. Cucumber	
421	Do you think that justified consumption of vitamin, mineral, carbohydrates, fat and protein have direct effect on outcomes of diabetes mellitus?	a. Yes b. No c. I don't know	

Part V: Family support questionnaire to assess type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

Factors	Score	
501 Empathetic support		
Does your family member listen to you when you talk about your diabetes?	0. Never 1. Hardly ever 2. Sometimes	

	3. Most of the time 4. All the time	
Does your family member shows understanding of how you feel about your diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member know when you feel sad/blue about diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member know when you have problems related to diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Do you feel free to seek advice from your family member about diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	

Does your family member help you when you're stressed about diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member know how to help you handle sick days?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Do you feel comfortable asking a family member for help when you're struggling with diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member keeps up with current information about diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
502. Encouragement		

Does your family member encourage you to see the eye doctor at least once a year?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member encourage you to check your feet?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member encourage you to go to the dentist at least once a year?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member reminds you to check your blood sugar if you forget it?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member remind you to reorder your diabetes medications?	0. Never 1. Hardly ever 2. Sometimes	

	3. Most of the time 4. All the time	
Does your family member encourage you to go to the doctor at least once a year?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member encourage you to follow your meal plan?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
503 Facilitative support		
Does your family have regular meal times?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Do you feel free to ask a family member for support to help you care for diabetes?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time	

	4. All the time	
Does your family member support your efforts to eat as you should?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member will help you pay for diabetes medication/supplies if necessary?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member support your efforts to exercise?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family keep food available for you that you can eat?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	

504 Participative support		
Does your family member go with you to your doctor appointments if asked?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	
Does your family member attend diabetes classes/education with you if asked?	0. Never 1. Hardly ever 2. Sometimes 3. Most of the time 4. All the time	

Part VI: Health status, health related and health education factors to assess type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

s.no	Item	Response
601	Weight of the patient	_____
602	Height of the patient	_____
603	BMI	_____
604	Do you have any of these conditions	1. Hypertension 2. Bronchial asthma 3. Tuberculosis 4. HIV/AIDS 5. Other(specify)
605	Level of Fasting blood glucose	_____
606	Duration of diabetes	_____

607	Do you receive diabetes health education?	1. No (Skip to Q8) 2. Yes
608	Do you receive printed health education materials?	1. No (Skip to Q9) 2. Yes
609	Do you receive audio-visual nutritional educations?	1. No (Skip to Part IV) 2. Yes

Part VII: Perceived Dietary Adherence Questionnaire (PDAQ) to assess recommendations dietary non-adherence of type 2 diabetes mellitus attending public health facilities of Shaggar City, Oromia, Ethiopia 2025

s.no	Item	Response	
701	On how many of the last SEVEN DAYS have you followed a healthful eating plan such as Eating Well with Food Guide with appropriate serving sizes?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
702	On how many of the last SEVEN DAYS did you eat the number of fruit and vegetable servings you are supposed to eat based on Food Guide?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	

703	On how many of the last SEVEN DAYS did you eat carbohydrate-containing foods with a low Glycemic Index? (Example: dried beans, lentils, barley, pasta, low fat dairy products)	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
704	On how many of the last SEVEN DAYS did you eat foods high in sugar, such as cakes, cookies, desserts, candies, etc.?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
705	On how many of the last SEVEN DAYS did you eat foods high in fiber such as oatmeal, high fiber cereals, and whole-grain breads?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
706	On how many of the last SEVEN DAYS did you space carbohydrates evenly throughout the day?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
707	On how many of the last SEVEN DAYS did you eat fish	0. None 1. One day	

	or other foods high in omega-3 fats?	2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
708	On how many of the last SEVEN DAYS did you eat foods that contained or was prepared with canola, walnut, olive, or flax oils?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	
709	On how many of the last SEVEN DAYS did you eat foods high in fat (such as high fat dairy products, fatty meat, fried foods or deep fried foods)?	0. None 1. One day 2. Two days 3. Three days 4. Four days 5. Five days 6. Six days 7. Seven days	