

## DIABETES SURVEY

We want to help people with learning disabilities to cope with diabetes better.

We need to know:

- What is working well?
- What can be made better?
- If people understand the support available

This survey is for:

- Anyone with a learning disability
- Families
- Carers
- Support workers

If you need help with this survey, please call us at

0161 622 5700

1. Who are you?

Put a tick ✓ in the box. You can tick more than 1 box.

I have a learning disability.

I am a family member of someone with a learning disability.

I am an unpaid carer of someone with a learning disability.

I am a paid carer of someone with a learning disability.

I am a social worker.

If you are responding on behalf of someone else, please  
answer the following questions as if you were that  
person.

2. Have you been diagnosed with diabetes?

Put a tick ✓ in the box.

Yes - Type 1.

Yes - Type 2. (Go to **question 4**)

Yes - Not sure what type. (Go to **question 5**)

No - Pre-diabetes. (Go to **question 6**)

No - Do not have diabetes.

3. How do you manage Type 1 diabetes?

Put a tick ✓ in the box. You can tick more than 1 box.

Insulin injections.

Pump.

Diet and exercise.

After this, go to **question 7**.

4. How do you manage Type 2 diabetes?

Put a tick ✓ in the box. You can tick more than 1 box.

Oral medication.

Diet and exercise.

Insulin injections.

After this, go to **question 7**.

5. How do you manage diabetes?

Put a tick ✓ in the box. You can tick more than 1 box.

Insulin injections.

Pump.

Oral medication.

Diet and exercise.

After this, go to **question 7**.

6. What help or advice have you been given for pre-diabetes or no diabetes?

Put a tick ✓ in the box. You can tick more than 1 box.

Referred to a pre-diabetes 'Healthy You' course.

Given healthy eating and lifestyle advice.

Referred to a dietician.

None.

Other.

After this, go to **question 13**.

7. Do you need help managing diabetes?

Put a tick ✓ in the box.

No.

Yes - Please explain how you need help.

8. How often do you see a health professional for diabetes?

Put a tick ✓ in the box.

Once a month.

Once a year.

Never.

Don't know.

Other.

9. Do you attend diabetic eye checks?

Put a tick ✓ in the box.

Yes.

No.

Never been asked.

Don't know.

10. Please share feedback about diabetic eye checks.

11. Do you get foot checks for diabetes?

Put a tick ✓ in the box.

Yes.

No.



Never been asked.

Don't know.

12. Please share feedback about foot check (podiatry) appointments.

13. Do you have annual health checks?

Put a tick ✓ in the box.

Yes.

No.

I don't know

14. If yes, what does your doctor or nurse check at your annual health check?

Put a tick ✓ in the box. You can tick more than 1 box.

Blood test.

Blood pressure.

Urine test.

None.

14. Have you ever been asked to go to a diabetes information course?

Put a tick ✓ in the box.

'DAPHNE' course for Type 1.

'DESMOND' course for Type 2.

Healthy You for pre-diabetes.

No (go to question 17).

15. Did you attend the course?

Yes.

No.

Don't remember.

16. Was the course helpful? Please explain.

17. What 3 things would help you manage diabetes better?

## Your Details (optional)

18. Your first name:

19. Your surname:

20. The name of your Doctor's surgery:

21. Your email:

22. Your contact number:

23. What is your gender?

Man.

Woman.

Non-binary.

Other.

24. Is your gender the same as at birth?

Yes.

No.

25. Your age group:

0-12

13-15

16-17

18-24

25-49

50-64

65-79

80+

Prefer not to say.

Not known.

26. Your ethnicity:

Arab

Asian / Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Indian

Asian / Asian British: Pakistani

Any other Asian background

Black / Black British: African

- Black / Black British: Caribbean
- Any other Black background
- Mixed / Multiple ethnic groups
- White: British / English / Northern Irish / Scottish /  
Welsh
- White: Irish
- Other white background
- Any other ethnic group
- Prefer not to say.
- Not known.

27. Your sexual orientation:

- Heterosexual / Straight.

Gay Man.

Gay Woman / Lesbian.

Bisexual.

Asexual.

Prefer not to answer.

Prefer to self-describe.

28. Do you have a disability?

Yes.

No.

Prefer not to say.

Not known.



29. Where do you live in?

Chadderton

Coldhurst

Delph

Denshaw

Diggle

Dobcross

Failsworth

Glodwick

Greenfield

Hathershaw

Hollinwood

Lees

- Moorside
- Oldham
- Royton
- Saddleworth
- Shaw & Crompton
- Springhead
- Waterhead
- Werneth
- Westwood
- Other, please state:

Thank you for your help!