**Summary of Self-Care Behaviours (SSCB)**

**Instructions *(please read carefully):***

The questions below ask you about your self-care activities during the **past SEVEN (7) DAYS**. If you were sick or on holidays during the past SEVEN DAYS, please think back to the last SEVEN DAYS that were typical for you**.**

**If you have diagnosed diabetes, please start from question 1.**

**If you don’t have diabetes please start from question 3.**

***Please circle the number of days for each question.***

*Diabetes Checks*

1. On how many of the last SEVEN DAYS did you test your blood glucose (sugar) level?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you check your feet?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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 *Eating habits*

1. On how many of the last SEVEN DAYS did you eat wholegrain foods (wholegrain includes

wholemeal and multigrain breads, wholemeal pasta, brown rice, muesli, bran and oats)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you eat vegetables?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you eat five or more servings of vegetables?

**1 serving = 1 cup of salad or raw vegetables or ½ cup of cooked vegetables including legumes (eg baked beans, lentils) or ½ medium potato/sweet potato**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you eat fruit?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you eat two or more servings of fruit?
**1 serving = 1 medium or 2 small fruit or 1 cup of chopped fruit**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you eat high fat foods such as takeaway foods,

fried foods, pastries, crisps and/or chocolates?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you drink high sugar drinks such as regular soft

drinks, cordials and/or fruit juices?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

 Please turn over

*Physical activity*

1. On how many of the last SEVEN DAYS have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 |  | 3 | 4 | 5 | 6 | 7 |

For **question 11 to 13** physical activity (exercise) is broken up into 3 parts. Please read the following explanations carefully before completing question 11 to 13.

**Moderate intensity:** a level that increases your heart and breathing rates, where you are able to still talk normally eg during a brisk walk.

**Vigorous intensity:** a level more intense than a brisk walk; a level that noticeably and significantly increases your heart and breathing rates eg jogging, heavy lifting, digging, aerobics, fast cycling.

**Resistance or strength training:** activities that make you use your muscles against a resistance such as weight or gravity eg lifting weights, sit-ups, push-ups, therabands etc.

1. On how many of the last SEVEN DAYS did you participate in at least 30 minutes of moderate intensityphysical activity?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you participate in vigorous physical activity?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. On how many of the last SEVEN DAYS did you participate in resistance or strength training?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

*Smoking*

1. Have you smoked a cigarette—even one puff—during the past SEVEN DAYS?

Yes 1 No 0

***If yes***, how many cigarettes did you smoke on an average day? Number of cigarettes

**Finally, some questions about yourself -** *please tick the appropriate response in the box below*

**What is your age?**

18 to 25❑26 to 35❑ 36 to 45❑ 46 to 55❑ 56 to 65❑ 66 to 75❑ over 75❑ years

**What is your gender?** Female❑ Male❑; if Female are you pregnant Yes❑ No❑ Unsure❑

**Have you been diagnosed with type 2 diabetes?** Yes❑ No❑ Unsure❑  **If you ticked YES, How long ago have you been diagnosed?** ….. year(s) ….. month(s) ….. days

**Have you seen a Diabetes Nurse Educator in the past 12 month?** Yes❑ No❑ Unsure❑

**Have you seen a Dietitian in the past 12 month?** Yes❑ No❑ Unsure❑

Thank you very much for completing this questionnaire!