**Appendix 1**

**Diabetes Care Questionnaire**

**Please answer the following questions to the best of your abilities, and circle ONLY one answer for multiple choice questions.**

1. Demographic information

1) How old are you? \_\_\_ years

2) What is your sex?

a) Male

b) Female

3) What is your weight? \_\_\_\_lb OR \_\_\_\_ kg

4) What is your height? \_\_ ft \_\_in OR \_\_\_ cm

5) What is your current marital status?

a) Single

b) Married

c) Divorced

6) What is your current living situation?

a) Live with family

b) Live alone

7) What’s the highest level of education you have obtained?

a) High school or less

b) College

c) University

d) Graduate/Postgraduate degree

8) What is your annual income?

a) $0 - $19,999

b) $20,000 - $69,999

c) >= $70,000

2. Diabetes information

1) What type of diabetes do you have?

a) Type 1 diabetes mellitus

b) Type 2 diabetes mellitus

c) Others

2) When were you diagnosed with diabetes? \_\_\_ year(s) ago

3) When did you receive an amputation? \_\_\_ year(s) ago

4) At which site did you receive the amputation?

a) One toe

b) More than one toe

c) Foot

d) Lower leg (including ankle)

e) Upper Leg (including knee)

5) On which side did you receive the surgery?

a) Right

b) Left

c) Both sides

3. Foot care

1) On how many of the last SEVEN DAYS did you (or your caregiver) check your feet?

0 1 2 3 4 5 6 7

2) On how many of the last SEVEN DAYS did you (or your caregiver) inspect the inside

of your shoes?

0 1 2 3 4 5 6 7

3) On how many of the last SEVEN DAYS did you (or your caregiver) wash your feet?

0 1 2 3 4 5 6 7

4) On how many of the last SEVEN DAYS did you (or your caregiver) dry between your

toes after washing?

0 1 2 3 4 5 6 7

5) Do you wear prescribed shoes given to you by a physician and fitted by a pedorthist?

a) Yes

b) No

6) Do you wear socks prescribed or recommended to you by a physician or pedorthist?

a) Yes

b) No

7) How often did you have your feet examined by your family physician or other

healthcare providers in the past 12 months?

a) Never

b) Once

c) Twice

d) More than twice

8) What type of education have you received on foot care after your amputation?

a) I attended an diabetes education program

b) I receive information from my healthcare provider (ex. bronchure, website)

c) A and B

d) None

4. Diabetes care

1) On average, over the past month, how many DAYS PER WEEK have you followed

your eating plan?

0 1 2 3 4 5 6 7

2) On how many of the last SEVEN days did you participate in at least 30 minutes of

physical activity? (Total minutes of continuous activity, including walking)

0 1 2 3 4 5 6 7

3) On how many of the last SEVEN DAYS did you test your blood sugar the number of

times recommended by your health care provider?

0 1 2 3 4 5 6 7

4) On how many of the last SEVEN DAYS did you take your recommended diabetes

medications?

0 1 2 3 4 5 6 7

5) Have you smoked a cigarette – even one puff – during the past SEVEN DAYS?

a) No

b) b) Yes. If yes, how many cigarettes did you smoke on an average day?