

Appendices

1-Identification

Identification	
File number	
Date of admission	
Address	
Telephone number	
Date of examination	
Diabetes severity	
Department / Hospital	

2-Epidemiologic data

Epidemiologic data		
N°	Descriptions	Terms
1	Age	
2	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
3	Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widower
4	Occupation	<input type="checkbox"/>
5	Street address	
6	Ethnic	<input type="checkbox"/> Wolof <input type="checkbox"/> Pulaar <input type="checkbox"/> Toucouleur <input type="checkbox"/> Sérère <input type="checkbox"/> Diola <input type="checkbox"/> Manding <input type="checkbox"/> Mandiango <input type="checkbox"/> Other specify
7	Reference	<input type="checkbox"/> Primary care provider <input type="checkbox"/> University hospital <input type="checkbox"/> Health center <input type="checkbox"/> Private cabinet <input type="checkbox"/> Other specialty
8	Housing mode	<input type="checkbox"/> Collective <input type="checkbox"/> Individual
9	Other background or medical history	-HBP -Dyslipdemia -Sickle Cell Anemia -Psychiatric -Neurological -Asthma

3-About Diabetes

About Diabetes		
N°	Descriptions	Terms
10	Type of Diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
11	Length of Diabetes	
12	Type of treatment received	<input type="checkbox"/> Mono therapy <input type="checkbox"/> Dual therapy <input type="checkbox"/> Triple therapy <input type="checkbox"/> Other
13		<input type="checkbox"/> Insulin Biguanides <input type="checkbox"/> Sulfonylureas <input type="checkbox"/> Others
14	Are you following your treatment regimen correctly?	Yes No
15	Other concomitant treatments	<input type="checkbox"/> Neuroleptics <input type="checkbox"/> Antiepileptics <input type="checkbox"/> Antibiotics <input type="checkbox"/> Analgesics <input type="checkbox"/> NSAIDs <input type="checkbox"/> Others
16	Have you had any side effects during your treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:.....
17	HbA1c rate	

4- Psychological disorders / HAD scale

Hospital Anxiety and Depression Scale (HADS)

Instructions: Doctors are aware that emotions play an important part in most illnesses. If your doctor knows about these feelings he or she will be able to help you more. This questionnaire is designed to help your doctor know how you feel. Read each item and circle the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

I feel tense or 'wound up':	A	I feel as if I am slowed down:	D
Most of the time	3	Nearly all of the time	3
A lot of the time	2	Very often	2
Time to time, occasionally	1	Sometimes	1
Not at all	0	Not at all	0
I still enjoy the things I used to enjoy:	D	I get a sort of frightened feeling like 'butterflies in the stomach':	A
Definitely as much	0	Not at all	0
Not quite so much	1	Occasionally	1
Only a little	2	Quite often	2
Not at all	3	Very often	3
I get a sort of frightened feeling like something awful is about to happen:	A	I have lost interest in my appearance:	D
Very definitely and quite badly	3	Definitely	3
Yes, but not too badly	2	I don't take as much care as I should	2
A little, but it doesn't worry me	1	I may not take quite as much care	1
Not at all	0	I take just as much care as ever	0
I can laugh and see the funny side of things:	D	I feel restless as if I have to be on the move:	A
As much as I always could	0	Very much indeed	3
Not quite so much now	1	Quite a lot	2
Definitely not so much now	2	Not very much	1
Not at all	3	Not at all	0
Worrying thoughts go through my mind:	A	I look forward with enjoyment to things:	D
A great deal of the time	3	A much as I ever did	0
A lot of the time	2	Rather less than I used to	1
From time to time but not too often	1	Definitely less than I used to	3
Only occasionally	0	Hardly at all	2
I feel cheerful:	D	I get sudden feelings of panic:	A
Not at all	3	Very often indeed	3
Not often	2	Quite often	2
Sometimes	1	Not very often	1
Most of the time	0	Not at all	0
I can sit at ease and feel relaxed:	A	I can enjoy a good book or radio or TV programme:	D
Definitely	0	Often	0
Usually	1	Sometimes	1
Not often	2	Not often	2
Not at all	3	Very seldom	3

Questions relating to anxiety are indicated by an 'A' while those relating to depression are shown by a 'D'. Scores of 0-7 in respective subscales are considered normal, with 8-10 borderline and 11 or over indicating clinical 'caseness'