

Health Care at Home

Diabetes is a disease which changes life style completely. A lot of care and attention is required in order to keep life at normal. We are aiming at providing diabetic patients this care and attention. We therefore need to have some insight into typical sufferings of diabetic patients. Please cooperative with us to make our aim possible.

1. Since when do you have diabetes?

2. How has diabetes changed your life?

3. How do you control your blood glucose level?

4. What kind of activities do you take everyday?

5. How many times do you take medication per day?

6. Have you ever faced some emergency situation? if yes, please provide details?

7. How do you keep record of your medication?

8. Are you successful in overcoming diabetes?

Yes

No

9. What sort of leisure activities do you engage in?

10. What complications/diseases have you encountered as a result of diabetes?

Eye sight impairment

Wounds

Blood pressure abnormalities

Heart diseases

Frustration

Other diseases (please specify)

11. Which medications do you take for diabetes?

Tablets

Insulin injection

No medicine

12. If you take insulin, how do you administer it?

Time

Dose

Taking
Injection

13. Is your insulin amount fixed?

Yes

No

14. How often do you visit your doctor for checkups?

a. What problems do you face in seeing a doctor?

b. Can you make an appointment easily?

c. Which tests does s/he perform? which body parts does s/he check (eyes, feet etc.) ?

15. Do you go alone?

Yes

No

16. Which tests do you do yourself to determine your health condition? How often?

Blood pressure Checking

Glucose test

Ketone Test

Cholesterol Test

Other test (please specify)

17. Do you perform glucose tests on yourself?

Yes

No

a. If yes, how often? Which instruments do you use?

b. If no, why?

18. What problems do you have while using instruments?

19. Have you ever suffered from hypo-glycemia?

Yes

No

a. If yes, how did you feel in that situation?

b. Do you check your glucose level at that time?

Yes

No

c. What measures do you take to overcome hypoglycemia? medicine? food?

20. Have you ever suffered from hyper-glycemia?

Yes

No

a. If yes, how did you feel in that situation?

b. Do you check your glucose level at that time?

Yes

No

21. Do you follow a meal plan for your daily diet?

Yes

No

a. If no, how do you control your blood glucose level?

b. If yes, how often do you deviate from it?

c. What consequences/ side-effects do you have then?

22. Do you feel frustration/depression? How often?

a. What measures do you take to override the feelings of frustration and depression?

b. How long long does it take for the feeling to reside?

23. Do you exercise to control your glucose level?

Yes

No

a. If no, why?

b. If yes, how often? and for how long?

c. Do you suffer from some complications during exercise e.g. low glucose level? How do you cope with that situation?

d. Do you check your glucose level then? How do you check?

24. If the separate functionalities of each separate diabetes instrument were integrated into one device, would it be useful for you?

a. If no, why?

b. If yes, what it should look like?

Mobile

Watch

Others (please specify)

25. Which tests would you like to be integrated in that device?

Blood pressure Checking

Glucose test

Ketone Test

Cholesterol Test

Other test (please specify)

26. How do you feel using the diabetes instruments currently available in market? What you do not like about them? What do you suggest these instruments should be like?

Remaining: Interactive Interview with user