

Appendix 1 – Questionnaires

Serial number:

Q 1

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ANNEXURE 1 - Interviewer administered questionnaire: Sociodemographic data

Prevalence of diabetic foot, existing knowledge and practices on foot care among patients attending the diabetic clinic at Colombo South Teaching Hospital.

- i. Age ----- yrs.
- ii. Sex: F / M
- iii. Address:
- iv. Duration of Type 2 Diabetes ----- yrs.
- v. Marital status

1. Single		2. Married	
3. Divorced/separated		4. Widowed	
5. Other			

- vi. Level of education

1. Not gone to school		2. Grade 1-5	
3. Grade 6-10		4. Up to O/L	
5. Up to A/L		6. Degree and above	

- vii. Occupation

1. Manager		2. Professional	
3. Associate professionals/technicians		4. Clerical support workers	
5. Service and sales worker		6. Skilled agricultural, forestry, fishery worker	
7. Craft & related trades worker		8. Plant & machine operators.	
9. Elementary occupation		10. Armed forces	
11. Retired		12. Housewife	
13. Unemployed		14. Other	

- viii. Level of monthly income

1. Rs. <10,000		2. Rs. 10,000-20,000	
3. Rs. 20,000- 30,000		4. Rs. 30,000- 40,000	
5. Rs. >40,000			

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ANNEXURE 2 – Medical history, Diabetes related complications and medication data sheet, to be filled by medical officers.

Prevalence of diabetic foot, existing knowledge and practices on foot care among patients attending the diabetic clinic at Colombo South Teaching Hospital.

Height -----cm weight -----Kg BMI-----

Smoking:

Alcohol:

Current smoker		Pack years
Ex-smoker		

Yes		No	
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Medical history

Ischaemic heart disease	
Heart failure	
Hypertension	
Dyslipidemia	
PVD	
CVA	
CRF	
Thyroid diseases	
Osteoarthritis	
Osteoporosis	
Bronchial asthma/ COPD	
Cancer	
Connective tissue disorders	
Other - specify	

Investigations		
	Results	Date
FBS		
PPBS		
RBS		
Hb_{A1C}		
Lipid Profile:		
Total Cholesterol		
TG		
HDL		
LDL		
Chol/HDL		
Hb		

Medication for diabetes

Oral hypoglycemic drugs	
Insulin	

Compliant with medications

1. Yes		2. No	
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Complications of Diabetes

Macrovascular complications

	Yes	No
Ischaemic heart diseases		
Stroke/ Transient ischaemic attack		
PVD		

Microvascular complications

Diabetic neuropathy in feet

	R		L	
Abnormal monofilament test	Yes	No	Yes	No
Abnormal vibration sensation	Yes	No	Yes	No

Diabetic retinopathy

No diabetic retinopathy	
Maculopathy	
Non proliferative retinopathy	
Proliferative retinopathy	

Diabetic nephropathy

Presence of albumin in urine (UFR)	Yes/ No
Microalbumin/ creatinine ratio	
Serum Creatinine	
eGFR	

The Diabetic Foot Risk Assessment

<input type="radio"/> Low Risk		
Skin/Nails		
<input type="radio"/> Dry	R	L
<input type="radio"/> Sweaty	R	L
Vascular		
<input type="radio"/> Shiny skin	R	L
<input type="radio"/> Hair Loss	R	L
<input type="radio"/> Edema	R	L

<input type="checkbox"/> Moderate Risk		
Skin/Nails		
<input type="checkbox"/> Maceration	R	L
<input type="checkbox"/> Fissure/cracks	R	L
<input type="checkbox"/> Corn	R	L
<input type="checkbox"/> Blister	R	L
<input type="checkbox"/> Callus	R	L
<input type="checkbox"/> ↑Temp.	R	L
<input type="checkbox"/> Thickened nails	R	L
<input type="checkbox"/> Discolored nails	R	L
<input type="checkbox"/> Deformed nails	R	L
<input type="checkbox"/> Ingrown nails	R	L
Structure		
<input type="checkbox"/> Hammer toes / claw toes	R	L
<input type="checkbox"/> Overlapping digits	R	L
<input type="checkbox"/> Bunion	R	L
<input type="checkbox"/> Arch deformity	R	L
Sensation		
<input type="checkbox"/> Diminished	R	L
<input type="checkbox"/> Absent	R	L
<input type="checkbox"/> Painful neuropathy	R	L
Mobility		
<input type="checkbox"/> ↓ ROM		
	Toes	
	Ankle	
	R	L
	R	L
Vascular		
<input type="checkbox"/> Edema (weeping)	R	L
<input type="checkbox"/> Cold skin	R	L
<input type="checkbox"/> Pallor/cyanosis	R	L
<input type="checkbox"/> Cap. refill > 3-4 sec	R	L
<input type="checkbox"/> Absent dorsalis pedis	R	L
<input type="checkbox"/> Absent posterior tibial	R	L
ABPI	R	L

<input checked="" type="radio"/> High Risk		
Skin/Nails		
<input checked="" type="radio"/> Skin breakdown	R	L
<input checked="" type="radio"/> Ever had a foot ulcer?	Yes	No
Present foot ulcer	R	L
Ulcer within past 1 year	R	L
Structure		
<input checked="" type="radio"/> Amputation		
Toe amputations	R	L
Mid tarsal amputations	R	L
Below knee amputations	R	L
Above knee amputations	R	L

FOOT CARE/FOOTWEAR

- Poor foot hygiene (*includes long or poorly shaped nails*)
- Needs assistance with foot care (*poor vision, ↓ mobility*)
- Inappropriate footwear (*poor style, condition, or fit*)
- No problem noted.

FOOT CARE EDUCATION

- Foot Care Questionnaire Completed
- Foot Care Education
- Foot Care Review
- Foot Risk Information Sheet Provided

Risk Category	
<input type="radio"/> Low (Green)	
<input type="checkbox"/> Moderate (Yellow)	
<input checked="" type="radio"/> High (Red)	

Diabetic foot

1. Current or past foot ulcer which took more than 2 weeks to heal	Yes	No
2. Peripheral vascular disease	Yes	No
3. Peripheral neuropathy	Yes	No

Presence of all above 3 factors is indicative of presence of diabetic foot.

Diabetic foot	Absent		Present	
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CONFIDENTIAL**ANNEXURE 3 - Self-administered questionnaire: Diabetic foot care****Prevalence of diabetic foot, existing knowledge and practices on foot care among patients attending the diabetic clinic at Colombo South Teaching Hospital.****History of Foot Problems**

- Have you ever had a sore or cut on your foot or leg that took
- more than two weeks to heal? Yes No
- Have you ever had a foot ulcer? Yes No
- Have you ever had an amputation of a toe, foot, or leg? Yes No
- (If yes, date: ____/____/____).

Current Foot or Leg Problems

- Do you have an ulcer, sore, or blister on your feet at this time? Yes No
- Do you have blood or discharge on your socks? Yes No
- Do you have any calluses on your feet? Yes No
- Do you have any numbness, tingling, pins and needles, or itching sensation in your feet? Yes No

Foot Care

- Can you reach and **see** the bottoms of your feet? Yes No
- Do you examine your feet? (If yes, how often?) Yes No
- Every day 2-6 times a week
- Once a week or less When I have a problem
- Do you wash your feet everyday? Yes No

- Do you dry well between the toes? Yes No
- Do you use a moisturizing cream on your feet? Yes No
- Do you cut your own toenails? (If no, who does this for you?) Yes No

Family member Caregiver Foot care nurse/ Podiatrist

Foot Wear

What kind of shoes do you wear? (Check all that apply.)

- pointed toes
- broad, round toes
- high heels
- sandals
- flip flops
- athletic/sneakers/runners
- shoes made of leather or canvas
- special/custom shoes
- shoes with adjustable laces, buckles or velcro

Safety and Prevention

- Do you ever soak your feet?
 Yes No
- Do you always test water temperature before putting your foot in?
 Yes No
- Do you use medicated products for warts, corns or calluses?
 Yes No
- Do you put moisturizing creams or lotions between your toes?
 Yes No
- Do you ever walk around in your bare feet?
 Yes No
- Do you ever wear shoes without wearing any socks?
 Yes No
- Do you always inspect your shoes for foreign objects or torn linings?
 Yes No
- Do you use a hot water bottle or heating pad on your feet?
 Yes No
- Do you sit with your legs crossed?
 Yes No
- Do you smoke?
 Yes No

Foot Care Education

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Have you ever attended a class on how to care for your feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Have you ever read any handouts on <u>foot care</u> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Have you ever read any handouts on proper <u>footwear</u> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Would you like a handout on how to care for your feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Thank you!

Appendix 2 – consent form

Consent Form

Prevalence of diabetic foot, existing knowledge and practices on foot care among patients attending the diabetic clinic at Colombo South Teaching Hospital.

To be completed by the participant.

1. Have you read the information sheet? **Yes/No**
2. Have you received enough information about the study? **Yes/No**
3. Have had an opportunity to discuss this study and ask any questions? **Yes/No**
4. Have you had satisfactory answers to all your questions? **Yes/No**
5. Who explained the study to you?
6. Do you understand that you are free to withdraw from the study at any time without having to giving reason and without affecting your future medical care? **Yes/No**
7. Sections of your medical notes and investigation reports will be checked by medical officers/ research assistants. All personal details will be considered as strictly confidential. Do you give permission to access your medical records? **Yes/No**
8. Have you had sufficient time to come to your decision? **Yes/No**
9. Do you agree to take part in this study? **Yes/No**

Name of the participant: _____

Signature: _____

Date: _____

To be completed by the investigator.

I have explained the study to the above participant and he/she has indicated her willingness to take part in this study.

Name of the investigator: _____

Signature: _____

Date: _____