

## EXPERIENCE OF TREATMENT BENEFITS AND BARRIERS

In this section would you please circle one of the numbers on each of the scales to indicate how strongly you agree or disagree with each of the following statements.

On these scales 6 would indicate that you strongly agree  
 5 = moderately agree  
 4 = mildly agree  
 3 = neither agree nor disagree  
 2 = mildly disagree  
 1 = moderately disagree  
 0 = strongly disagree

	strongly disagree						strongly agree
1. Regular, controlled exercise helps in the management of my diabetes	0	1	2	3	4	5	6
2. Controlling my diabetes well imposes restrictions on my whole lifestyle	0	1	2	3	4	5	6
3. Controlling my diabetes well interferes with my work (paid or unpaid, including household tasks)	0	1	2	3	4	5	6
4. The risk of insulin reactions (hypos) is reduced if I eat meals at regular intervals	0	1	2	3	4	5	6

For information only

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