

De Montfort University Insulin Pump Users' Diet and Exercise Survey

De Montfort University Insulin Pump Users' Diet and Exercise Survey

Dear Participant

Our research group in the School of Pharmacy at De Montfort University are working to produce a medical device that might help people with diabetes maintain the right level of glucose in their blood.

One of the ways we can investigate this is to examine the response to ordinary exercise in the diabetes person.

We would therefore like to invite you to take part in this survey because you have either Type 1 or Type 2 diabetes and use an insulin pump. It is an opportunity for you to discuss your experience with various aspects of your diabetes and your attitudes with exercise. The information we get from this survey will be combined with a practical study we will also be conducting which may lead to recommendations to improve the lifestyle of people with diabetes in the future. The information could also help research toward a suitable exercise regime for people with diabetes.

All information collected about you during the course of the survey will be strictly confidential and we will not ask for any personal details.

If you have any questions then please contact us.

Thank you very much for your time.

Yours sincerely

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THIS SURVEY CAN BE FILLED IN ELECTRONICALLY BUT IF YOU PREFER, YOU CAN PRINT THE SURVEY, FILL IT IN MANUALLY AND THE ADDRESS LABEL ON THE BACK PAGE CAN BE USED

NO STAMP NEEDED IF MAILED FROM THE UK

Section A: Background information

1. Are you?

- ☐ 1- Female ☐ 2- Male

2. Are you?

- ☐ 1- Professional ☐ 3- Semi- skilled ☐ 5- Student
☐ 2- Skilled ☐ 4- Manual labour ☐ 6- Retired
☐ 7- Other (please specify)

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3. How old are you?

- | | | |
|--|--|--|
| <input type="radio"/> 1- Between 1-10 years | <input type="radio"/> 4- Between 31-40 years | <input type="radio"/> 7- Between 61-80 years |
| <input type="radio"/> 2- Between 11-20 years | <input type="radio"/> 5- Between 41-50 years | <input type="radio"/> 8- Over 80 years |
| <input type="radio"/> 3- Between 21-30 years | <input type="radio"/> 6- Between 51-60 years | |

4. How old were you when your diabetes was first diagnosed?

- | | | |
|--|--|--|
| <input type="radio"/> 1- Between 1-10 years | <input type="radio"/> 4- Between 31-40 years | <input type="radio"/> 7- Between 61-80 years |
| <input type="radio"/> 2- Between 11-20 years | <input type="radio"/> 5- Between 41-50 years | <input type="radio"/> 8- Over 80 years |
| <input type="radio"/> 3- Between 21-30 years | <input type="radio"/> 6- Between 51-60 years | |

5. Please state your weight and height

1- Height..... (cm or feet and inches)

2- Weight..... (kg or stones and pounds)

6. What is your highest level of education?

- | | |
|---|--|
| <input type="radio"/> 1- I am still in full time education | <input type="radio"/> 4- I am still in full time education as a mature student |
| <input type="radio"/> 2- I underwent some form of educational training (e.g. vocational or college) | <input type="radio"/> 5- I have not had any formal education |
| <input type="radio"/> 3- I am in or have had a higher education (e.g. university) | |
| <input type="radio"/> 6- Other (please specify) | |

7. What is your ethnic group?

- | | | |
|---|---|---|
| <input type="radio"/> 1- White British | <input type="radio"/> 6- Mixed, White and Asian | <input type="radio"/> 11- Any other Asian background |
| <input type="radio"/> 2- White Irish | <input type="radio"/> 7- Any other mixed background | <input type="radio"/> 12- Black or Black British, Caribbean |
| <input type="radio"/> 3- Any other White background | <input type="radio"/> 8- Asian or Asian British, Indian | <input type="radio"/> 13- Black or Black British, African |
| <input type="radio"/> 4- Mixed, White and Black Caribbean | <input type="radio"/> 9- Asian or Asian British, Pakistani | <input type="radio"/> 14- Any other Black background |
| <input type="radio"/> 5- Mixed, White and Black African | <input type="radio"/> 10- Asian or Asian British, Bangladeshi | <input type="radio"/> 15- Chinese |
| <input type="radio"/> 16- Other (please specify) | | |

8. Which country do you live in?

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9. If you are from the UK, who provided your pump?

- ☐ 1- My pump was provided free through by the NHS
- ☐ 2- My pump infusion sets were provided by the NHS
- ☐ 3- I paid for my pump.
- ☐ 4- I paid for my pump infusion sets
- ☐ 5- Other please state

Section B: Diabetes

10. How was your diabetes first discovered?

- ☐ 1- By my GP
- ☐ 2- By hospital clinic
- ☐ 3- By friend/ family
- ☐ 4- By ambulance/ A&E (Accident and Emergency)
- ☐ 5- By myself
- ☐ 6- By medical check-up (work, insurance)
- ☐ 7- Other (please specify)

11. What type of diabetes do you have

- ☐ 1- Type 1
- ☐ 2- Type 2
- ☐ 3- I don't know
- ☐ 4- Other (please specify)

12. Is there a history of diabetes in your family?

- ☐ 1- No
- ☐ 2- If yes please state who

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13. What was your HbA1c when you were diagnosed with diabetes? (if known)

- ☐ 1- Don't know
- ☐ 2- Below 5 % (31 mmol/mol)
- ☐ 3- Between 5.1 and 6 % (31 and 42 mmol/mol)
- ☐ 4- Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5- Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6- Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7- Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8- Over 10.1 % mmol/mol, please state

14. What was your HbA1c average before using insulin pump therapy?

- ☐ 1- Don't know
- ☐ 2- Below 5 % (31 mmol/mol)
- ☐ 3- Between 5.1 and 6 % (31 and 42 mmol/mol)
- ☐ 4- Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5- Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6- Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7- Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8- Over 10.1 % mmol/mol, please state

15. What is your average HbA1c now that you are using insulin pump therapy?

- ☐ 1- Don't know
- ☐ 2- Below 5 % (31 mmol/mol)
- ☐ 3- Between 5.1 and 6 % (31 and 42 mmol/mol)
- ☐ 4- Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5- Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6- Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7- Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8- Over 10.1 % mmol/mol, please state

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16. What do you think your HbA1c should be?

- ☐ 1- Don't know
- ☐ 2- Below 5 % (31 mmol/mol)
- ☐ 3- Between 5.1 and 6 % (31 and 42 mmol/mol)
- ☐ 4- Between 6.1 and 7 % (43 and 53 mmol/mol)
- ☐ 5- Between 7.1 and 8 % (54 and 64 mmol/mol)
- ☐ 6- Between 8.1 and 9 % (65 and 75 mmol/mol)
- ☐ 7- Between 9.1 and 10 % (76 and 86 mmol/mol)
- ☐ 8- Over 10.1 % mmol/mol, please state

17. In the last 12 months, have you had any of the following tests?

	Yes	No	Don't know
1- Your blood pressure taken by a doctor or nurse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2- A cholesterol test by a doctor or nurse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3- An eye test where a photograph of the back of your eyes was taken.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4- Your bare feet were examined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5- You have had your weight checked by a doctor or nurse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. For each question of the following please tick yes, no or Don't know

	Yes	No	Don't know
1- Has your eyesight suffered as a consequence of your diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2- Do you have diabetic kidney disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3- Do you require dialysis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4- Have you had a kidney transplant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5- Is your blood pressure usually normal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6- Do you take any medication to control your blood pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7- Are you on lipid lowering medication (for high cholesterol or triglycerides)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8- Have you ever had a heart attack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9- Do you ever have chest pain due to angina?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10- Have you ever had heart bypass surgery (coronary artery bypass)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11- Have you ever had a balloon angioplasty or a coronary stent placed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12- Have you ever had, or suspected that you had a stroke?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please tell us what your cholesterol levels are, if known?

1- Total cholesterol level

2- Low-density lipoprotein (LDL) cholesterol (if known)

3- High-density lipoprotein (HDL) cholesterol (if known)

20. What kind of insulin pump do you use?

- ☐ 1- Medtronic Paradigm
- ☐ 2- Roche
- ☐ 3- Animas
- ☐ 4- Smiths Medical – Cozmo
- ☐ 5- Accu-Chek Spirit
- ☐ 6- Other, please state

21. How many years have you been using a pump?

- ☐ 1- Less than 1 year
- ☐ 2- More than 1 year and less than 3 years
- ☐ 3- Between 3 and 5 years
- ☐ 4- More than 5 years

22. What kind of insulin do you infuse into your pump?

- ☐ 1- Humalog® (Lispro)
- ☐ 2- Novorapid® or Novolog® (Aspart)
- ☐ 3- Actrapid® (regular or soluble insulin)
- ☐ 4- Humulin S® (regular or soluble insulin)
- ☐ 5- Other, please state

23. Typically, what are your basal rates throughout a non-exercise day?

- ☐ 1- Less than 0.5 Unit/hr
- ☐ 2- Between 0.5 Unit/hr and 1 Unit/hr
- ☐ 3- Between 1 Unit/hr and 2 Unit/hr
- ☐ 4- More than 2 Unit/hr

24. How do you bolus for meals on a non-exercise day?

- ☐ 1- Standard bolus (Spike)
- ☐ 2- Extended bolus (Square wave)
- ☐ 3- Combination bolus (Spike and Square wave)
- ☐ 4- Super bolus (Increased spike)
- ☐ 5- Other, please specify

25. What was the total amount of insulin you typically use on a non-exercise day?

- ☐ 1- Less than 20 Units
- ☐ 2- Between 21Units and 30Units
- ☐ 3- Between 31Units and 40 Units
- ☐ 4- Between 41Units and 50 Units
- ☐ 5- Between 51Units and 60 Units
- ☐ 6- More than 61 Units, please state

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26. How many times do you test your blood glucose on a non- exercise day?

- ☐ 1-3 times ☐ 4-6 times ☐ More than 6 times

27. Typically, what are your basal rates throughout an exercise day?

- ☐ 1- Less than 0.5 Unit/hr ☐ 3- Between 1 Unit/hr and 2 Unit/hr
☐ 2- Between 0.5 Unit/hr and 1 Unit/hr ☐ 4- More than 2 Unit/hr
☐ 5- Any addition information

28. How do you bolus for meals on an exercise day?

- ☐ 1- Standard bolus (Spike) ☐ 3- Combination bolus (Spike and Square wave)
☐ 2- Extended bolus (Square wave) ☐ 4- Super bolus (Increased spike)
☐ 5- Other, please specify

29. What is the total amount of insulin you typically use on an exercise day?

- ☐ 1- Less than 20 Units ☐ 4- Between 41 Units and 50 Units
☐ 2- Between 21 Units and 30 Units ☐ 5- Between 51 Units and 60 Units
☐ 3- Between 31 Units and 40 Units
☐ 6- More than 61 Units, please state

30. Do you use a pre-exercise bolus?

- ☐ 1- No
☐ 2- Yes, please state how much

31. What is an acceptable blood glucose for you before exercise?

- ☐ 1- Below 4 mmol/l (72 mg/dl)
☐ 2- Between 4-7 mmol/l (72-126 mg/dl)
☐ 3- Above 7 mmol/l (126 mg/dl)

32. How does exercise change your blood glucose?

- ☐ 1- Increase your blood glucose ☐ 2- Decrease your blood glucose ☐ 3- No change

33. How many times do you test your blood glucose on an exercise day?

- ☐ 1-3 times ☐ 4-6 times ☐ More than 6 times

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34. If your blood glucose was less than 4mmol/L (72 mg/dl) pre-exercises, what would you do?

- ☐ 1- Miss out your pre-exercise bolus
- ☐ 2- Reduce your pre-exercise bolus
- ☐ 3- Leave out exercise today
- ☐ 4- Take some carbohydrate then exercise
- ☐ 5- Nothing
- ☐ 7- Other, please state

35. If you experienced hypoglycemia (low blood glucose) after exercise what action would you take?

- ☐ 1- Re-check your blood glucose
- ☐ 2- Eat or drink carbohydrate
- ☐ 3- Other (please specify)

Section C: Exercise

36. How important is participating in sport and exercise to you?

- ☐ 1- Important
- ☐ 2- No view
- ☐ 3- Not important

37. Have you always led an active exercise lifestyle?

- ☐ 1- Yes
- ☐ 2- No
- ☐ 3- Yes, but I have stopped now
- ☐ 4- No, but I have started now
- ☐ 5- Please explain how

Please explain how

38. Typically what is your blood glucose value pre-exercise?

- ☐ 1- Do not know
- ☐ 2- Below 5 mmol/l (below 90 mg/dl)
- ☐ 3- Between 5.1 and 6 mmol/l (91-108 mg/dl)
- ☐ 4- Between 6.1 and 7 mmol/l (109-126 mg/dl)
- ☐ 5- Between 7.1 and 8 mmol/l (127-144 mg/dl)
- ☐ 6- Between 8.1 and 9 mmol/l (144-162 mg/dl)
- ☐ 7- Between 9.1 and 10 mmol/l (163-180 mg/dl)
- ☐ 8- Over 10 mmol/l, (over180 mg/dl) please state

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39. Please tick (✓) appropriate box

	Yes	No
1- Is your pump switched on during exercise?	<input type="radio"/>	<input type="radio"/>
2- Do you have any pump problems during exercise? If yes, please explain below	<input type="radio"/>	<input type="radio"/>

Explanation

40. If you don't switch your pump on during exercise, do any of the following apply?

- ☐ 1- You are not sure about the pump sensitivity during exercise
- ☐ 2- You are worried about discomfort
- ☐ 3- You worry that your blood glucose goes up to abnormal level (hyperglycemia)
- ☐ 4- You worry that your blood glucose goes down (hypoglycemia)
- ☐ 5- Interferes with exercise program
- ☐ 6- Advised by medical professional to switch pump off during exercise
- ☐ 7- Other

41. How much exercise did you participate in before you started your pump therapy?

- ☐ 1- None
- ☐ 2- Less than 1 hour a week
- ☐ 3- Between 1-3 hours a week
- ☐ 4- More than 3 hours a week

42. Has this changed since you have been on your pump?

- ☐ 1- No
- ☐ 2- Yes, please state

43. What would you say the level of intensity is when you exercise?

- ☐ 1- Light (Easy, does not induce sweating unless it's a hot, humid day, no noticeable change in breathing patterns.)
- ☐ 2- Moderate (Somewhat hard, sweat after about 10 minutes of exercise. Breathing becomes deeper and more frequent.)
- ☐ 3- Heavy (Hard, sweat after 3-5 minutes. Breathing is deep and rapid.)
- ☐ 4- Combination between low and moderate.
- ☐ 5- Combination between low and high.
- ☐ 6- Combination between high and moderate.

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44. Typically, what type of exercise do you do?

- ☐ 1- Aerobic exercise (e.g. walking, cycling, jogging and swimming)
- ☐ 2- Anaerobic exercise (e.g. resistance training and weight lifting)
- ☐ 3- A mixture of aerobic and anaerobic
- ☐ 4- Other please state

45. Which of the following do you participate in (please select all that apply)

- ☐ 1- Walking ☐ 3- Weight training (resistance exercise) ☐ 5- Team sports basketball/football
- ☐ 2- Cycling ☐ 4- Swimming ☐ 6- Running
- ☐ 7- Other please state

46. Are there any barriers preventing you from taking part in more sport?

- ☐ 1- Health reasons ☐ 6- It does not interest me
- ☐ 2- Lack of motivation ☐ 7- It is too expensive
- ☐ 3- Embarrassment about how I look eg overweight or fitness lack ☐ 8- Lack of transport
- ☐ 4- You doubt it will lead to weight control ☐ 9- Fear of injury
- ☐ 5- Lack of time ☐ 10- Don't know
- ☐ 11- Other (please specify)

47. Typically, how many days in the week do you undertake physical activity?

- ☐ Every day ☐ 3-5 days
- ☐ 1-2 days ☐ 6 days

48. In a typical exercise session how long do you spend participating in sport or exercise?

- ☐ 1- Less than 30 minutes. ☐ 3- From 1 to 2 hours. ☐ 5- From 3 to 4 hours.
- ☐ 2- From 30 to 1 hour. ☐ 4- From 2 to 3 hours. ☐ 6- More than 4 hours.

49. How many times do you exercise per day?

- ☐ Once ☐ Three times.
- ☐ Twice ☐ More than 3 times.

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50. How effective has exercise been on each of the following?

	Effective	No change	Detrimental	Comments
1- Better general health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2- Low HBA1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3- Better blood glucose control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4- Fewer hypoglycemia events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5- Fewer hyperglycemia events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Where do you typically exercise?

- ☐ 1- At school/ college/ work/ university
- ☐ 2- In a sports team (e.g. football, netball)
- ☐ 3- In a class or club (e.g. aerobics, dance, etc)
- ☐ 4- Gym
- ☐ 5- On your way home or school.
- ☐ 6- Don't know
- ☐ 7- Elsewhere, please state

52. Are you a member of any sport centre or physical activity group?

- ☐ 1. Yes
- ☐ 2. No

53. Which of the following factors influenced your decision to participate in sport?

Please tick all that apply

- ☐ 1- To keep well with your diabetes
- ☐ 2- Better control of your blood glucose
- ☐ 3- Better for HbA1c value
- ☐ 4- To improve health and fitness
- ☐ 5- Weight loss
- ☐ 6- Family participate in sport
- ☐ 7- Because friends do it
- ☐ 8- Because you enjoy it
- ☐ 9- To relieve stress

54. How often do you climb the stairs at home? (Average over the last 3 months): please tick one

- ☐ None
- ☐ 1 to 5 times a day
- ☐ 6 to 10 times a day
- ☐ 11 to 15 times a day
- ☐ 16 to 20 times a day
- ☐ More than 20 times a day

55. Typically when do you do your exercises? Tick all that apply

- ☐ 1- Morning.
- ☐ 2- Afternoon.
- ☐ 3- Evening
- ☐ 4- After meal.
- ☐ 5- Before meal.

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56. How often do you suffer with hypoglycaemia during a week?

- ☐ 1- None ☐ 3- Two or 3
☐ 2- One ☐ 4- More than 3

57. Has exercise increased or decreased the hypoglycaemia you have?

- ☐ 1- Increase ☐ 2- Decrease ☐ 3- No effect

58. Do you experience hypoglycaemia while exercising?

- ☐ 1- Always ☐ 3- Rarely
☐ 2- Frequently ☐ 4- Never

59. How many times per week is your measured fasting blood glucose 10 mmol/L (180 mg/dl) or above?

- ☐ 1- Once ☐ 3- More than twice
☐ 2- Twice ☐ 4- Never

60. What do you do if your blood sugar is over 10mmol/L (180mg/dl)?

- ☐ 1- Reduce the insulin rate ☐ 4- Drink water or any drink with low calories
☐ 2- Increase the insulin bolus ☐ 5- Seek medical help
☐ 3- Wait for the blood glucose to reduce

61. Have you ever experienced diabetic ketoacidosis since you started to exercise?

- ☐ 1- Yes
☐ 2- No
☐ 3- Don't know

Section D: Diet

62. How many calories do you think you eat and drink in a typical day?

- ☐ 1- 1500 or less ☐ 4- Over 2500 up to 3000 ☐ 7- I don't know
☐ 2- Over 1500 up to 2000 ☐ 5- Over 3000 up to 3500
☐ 3- Over 2000 up to 2500 ☐ 6- 3500 or more

63. Do you count carbohydrates regularly in order to help you to control your diabetes?

- ☐ 1- Yes ☐ 2- No

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64. Do you eat special diabetic food/ drink?

- ☐ 1- No
- ☐ 2- Yes, please list and state why

65. Which of these are important to you?

- ☐ 1- Reducing fat in diet
- ☐ 2- Reducing body weight
- ☐ 3- Staying motivated
- ☐ 6- Others, please state
- ☐ 4- Eating more healthy
- ☐ 5- Reducing your HbA1c value

66. Do you see a dietician?

- ☐ 1- Frequently
- ☐ 2- Regularly
- ☐ 3- Never

67. Do you follow a medically approved dietary programme?

- ☐ 1- No
- ☐ 2-Yes (please specify)

68. How would you describe your diet approach?

- ☐ 1- Your eating habits are healthy
- ☐ 2- You are too busy to find healthy foods or meals
- ☐ 3- You don't know enough about good nutrition or how to eat healthily
- ☐ 4- Sometimes, you try to eat healthy food
- ☐ 5- You can't resist junk food
- ☐ 6- Your eating habits are poor

69. What other factors affect your eating habits?

- ☐ 1- Your parents and/or family don't eat healthily.
- ☐ 2- Your school / work don't offer healthy choices at lunch or mealtimes
- ☐ 3- You and your friends are always going out to eat and socializing over food and you end up eating lots of junk food.
- ☐ 4- You really don't feel like it's worth it or have the motivation to try to change your habits.
- ☐ 5- You eat a healthy diet
- ☐ 6- Other please state

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70. Do you drink alcohol?

- ☐ 1- Yes ☐ 2- No ☐ 3- Yes, but not on an exercise day

71. Do you smoke on your exercise days?

- ☐ 1- Do not smoke
☐ 2- Yes, please state how many per day

72. How often are you ever too unwell or stressed to exercise?

- ☐ 1- Frequently ☐ 3- Rarely
☐ 2- Sometimes
☐ 4- Other (please specify)

73. Have you experienced any of the following symptoms after exercise?

- | | | |
|-----------------------------------|--|--|
| <input type="radio"/> 1- Bleeding | <input type="radio"/> 5- Hyperthermia | <input type="radio"/> 9- Urinary (colour,blood,pain) |
| <input type="radio"/> 2- Chafing | <input type="radio"/> 6- Muscle cramps | <input type="radio"/> 10- None |
| <input type="radio"/> 3- Flushing | <input type="radio"/> 7- Red face | |
| <input type="radio"/> 4- Hives | <input type="radio"/> 8- Shortness of breath | |
| <input type="radio"/> 11- Other | | |

74. Please write any comments you would like to add

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