

AN INVESTIGATION OF STRATEGIES TO INCREASE PUBLIC AWARENESS OF DIABETES IN WESTERN AUSTRALIA

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1. INTRODUCTION

Diabetes is a chronic condition marked by high levels of glucose in the blood. It is caused by deficient production of the hormone insulin, or resistance to its action. Diabetes and its complications contribute significantly to ill health, disability and premature death in Australia - in fact it is the seventh major cause of death in Australia¹.

Previous research within Australia² has revealed that diabetes is:

- not regarded as an issue of great public concern compared to other diseases;
- the public thinks it knows more about diabetes than it actually does;
- the seriousness of the disease is underestimated because management appears straightforward; and
- the perceived personal risk of contracting diabetes is low.

The present report was compiled by the Centre for Behavioural Research in Cancer Control at Curtin University on behalf of the Diabetes Association of Western Australia Incorporated (DAWA) as part of the *Making Diabetes A Front Page Health Issue: Increasing Diabetes Brand Knowledge* Project. The aim of the project is to inform the development of a campaign that increases the knowledge and salience of diabetes in the community. Specifically the project aims to elicit information that will aid in the development of media concepts that are acceptable, credible, personally relevant and salient to Western Australians. The present paper reports on the formative phase of this project to identify a “breakthrough concept” that engages the community and personalises the risk and seriousness of diabetes.

2. METHOD

2.1 Participants

Six focus groups comprising of three men’s and three women’s groups were conducted in Perth, Bunbury and Geraldton on the 21, 22 and 26 November 2002 respectively. Each focus group included between seven and nine participants recruited via random telephone contact. Participants were 45 years of age or older and were screened to ensure that neither they nor their immediate family had diabetes or worked in the health industry. To disguise the subject matter of the focus groups, participants were asked whether they or their immediate family had diabetes, heart disease, high blood pressure or lung cancer. Participants who met the criteria and agreed to participate were told that they would be taking part in a group discussion about “health issues” and that they would be paid \$30 for involvement. Table 1 overleaf illustrates the sex distribution of participants that were recruited from each town.

¹ Australian Institute of Health and Welfare (2000) *National Health Priority Areas: Diabetes Mellitus*. <http://www.aihw.gov.au/nhpa/diabetes.html> [accessed 3-12-2002].

² Ministerial Advisory Committee on Diabetes for Diabetes Australia (1998) *Developing a strategy to tackle diabetes: An evaluation of community and opinion leader familiarity and attitudes*. Sydney: Walcott Research Pty Ltd.

Table 1: Sex and Town Distribution of Participants

	Perth	Bunbury	Geraldton	Total
Male	9	7	7	23
Female	9	7	9	25
Total	18	14	16	48

2.2 Materials

A single sheet of paper (Sheet J; Appended) was prepared for participants asking for open-ended responses to the following two questions:

1. What do you think are the most serious diseases in Australia?
and
2. What health problems or diseases do you personally worry most about getting?

A questionnaire was also prepared comprising of four sheets (Appended). Each sheet contained a group of statements about different concepts regarding diabetes, including:

- Prevalence of diabetes (Sheet K);
- Consequences of diabetes (Sheet L);
- Prevention of diabetes (Sheet M); and
- Nature of diabetes (Sheet N).

Each set of statements was followed by a series of five questions which invited participants to respond along five-point scales to the questions outlined in Table 2.

Table 2: Questionnaire items for each topic

	Question	Response
1.	How much of this information is new to you?	1. <i>none of it</i> 2. <i>some of it</i> 3. <i>much of it</i> 4. <i>most of it</i> 5. <i>all of it</i>
2a.	Having read the above do you think your risk of getting diabetes is greater than you previously thought, less, or about the same? (K & M)	1. <i>much less</i> 2. <i>less</i> 3. <i>about the same</i> 4. <i>more</i> 5. <i>much more</i>
2b.	Having read the above, how much more or less serious do you think diabetes is than your previous thought? (L & N)	1. <i>not at all</i> 2. <i>only a little</i> 3. <i>small amount</i> 4. <i>fair amount</i> 5. <i>great amount</i>
3.	To what extent does the above information make you want to find out more about diabetes?	1. <i>not at all</i> 2. <i>only a little</i> 3. <i>small amount</i> 4. <i>fair amount</i> 5. <i>great amount</i>
4.	To what extent would this information make you pay more attention to things in the news about diabetes?	1. <i>not at all</i> 2. <i>only a little</i> 3. <i>small amount</i> 4. <i>fair amount</i> 5. <i>great amount</i>

Table 2 continued...

5.	To what extent does this information make you want to do things to lower your risk of getting diabetes?	1. <i>not at all</i> 2. <i>only a little</i> 3. <i>small amount</i> 4. <i>fair amount</i> 5. <i>great amount</i>
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2.3 Procedure

At the beginning of each focus group, participants were asked to answer the two questions on Sheet J. Following completion of both questions general discussion ensued regarding participants' responses. This was followed by participants being handed Sheets K, L, M and N bundled in a random order (to control for ordering effects). Participants were instructed to read the series of statements at the top of each page and then to answer the corresponding questions beneath.

Participants were then asked to number the sheets from one to four in order from the information that had greatest impact upon them to that which had least impact. Thereafter participants were asked to place a tick next to any of the items of information from any of the four series of statements that had the most impact upon them personally and to place a cross next to any items that they felt were ambiguous or unclear. Further discussion then ensued specifically surrounding issues uncovered by the information. Each focus group lasted for approximately one and a half hours whereafter participants were debriefed, thanked and received their payment.

Open-ended responses from Sheet J were coded and these plus the twenty items in Sheets K to N were entered on to an SPSS database for analysis.

3. RESULTS

3.1 Health Concerns

Responses to the two questions on Sheet J were fairly consistent and could be classified into one of twelve categories. An analysis of health concerns by sex differences was undertaken but as the sample size was small and only small differences were observed none of these was statistically significant³. A summary of responses is outlined in Table 3 overleaf.

³ e.g. 39% of men vs. 52% of women mentioned diabetes as a serious disease ($\chi^2(1)=.799$; $p=.371$) and 9% of men vs. 16% of women were concerned about contracting diabetes ($\chi^2(1)=.584$; $p=.445$)

Table 3: Diseases identified by participants as the “most serious” in Australia and diseases they are personally most worried about contracting (n=48)

Disease	Most serious diseases in Australia (%)	Personally most worried about contracting (%)
Cancer	90	77
Cardiovascular	79	25
Diabetes	46	13
AIDS	23	-
Mental Health	19	4
Asthma	13	-
Obesity	13	-
Dementia	4	17
Eye	4	4
Meningococcal	2	-
Deep Vein Thrombosis	2	-
Arthritis	-	8

A clear majority of participants nominated cancer and cardiovascular diseases as the “most serious” diseases in Australia. Diabetes was nominated a comparatively distant third by participants with just under half mentioning it as a serious disease, yet this was still far more frequent than any other disease such as AIDS, mental health, asthma or obesity which were the next most frequently nominated.

Cancer was nominated by a large majority of participants as the disease they “personally were most worried” about contracting. Far fewer participants nominated cardiovascular diseases and fewer still were worried about contracting diabetes. In fact more respondents feared contracting dementia than diabetes and nearly as many feared contracting arthritis.

Ensuing discussions with participants revealed that they tended to consider cancer and cardiovascular disorders as “serious” because of the perceived life-threatening nature of each. Cancer tended to be the most greatly feared because of its high prevalence - virtually all participants were aware of at least someone who had died from cancer. Participants knew that the likelihood of contracting cancer was lessened by not smoking, avoiding sunburn and eating a balanced diet. However many participants were wary of aspects of modern life and suspected they were ingesting unknown carcinogens through pollution and additives in their food.

In relation to cardiovascular disease, many participants reported relatives who had suffered heart attacks but the general impression was that the prevalence of cardiovascular disease within Australia was lessening due to widespread public awareness of how to avoid the disease through regular exercise and a healthy diet.

AIDS and obesity were certainly considered serious diseases but were universally associated with “others” as they were viewed as self-inflicted diseases as a result of lifestyle choices. Asthma was likewise considered a serious disease but none of the participants assumed they would contract the disease given the fact that they were middle aged and onset is typically in childhood.

Less common, but still consistent across all groups, was the fear of ailments such as dementia, arthritis and loss of eyesight. Participants tended to consider these conditions as associated with the process of ageing and as such felt that they were of more immediate personal concern. The central theme surrounding fear of dementia or loss of eyesight was the concern of losing the ability for self-care.

Of those participants who identified diabetes as a “serious disease”, many referred to a high prevalence amongst the Indigenous population - particularly participants in Geraldton who have greater exposure to Indigenous people than Perth and Bunbury residents. There was also discussion about diabetes becoming more prevalent within children, with this being largely attributed to an increased incidence of child obesity.

Few of the participants were “personally worried” about contracting diabetes, and those who were tended to have extended family members with the disease and were concerned about its hereditary nature.

The “serious” nature of diabetes was less well defined by participants than either cancer or cardiovascular disease because it was not necessarily associated with death, but rather was considered a manageable disease. Many participants knew of people with diabetes and several observed that these people had no external signs of the disease – rather they looked “healthy and normal” and lived seemingly routine lives. It appeared that many participants had heard reports in the media that diabetes was a “serious” disease but only a few knowledgeable participants could associate the disease with any seemingly “serious” symptoms. In short, diabetes is not a disease that evokes fear.

3.2 Reaction To Information About Diabetes

3.2.1 Overall Impact of Information Categories

After reading each of the four statements about the *prevalence*, *consequences*, *prevention* and *nature* of diabetes, participants were asked to rank these categories in terms of greatest impact to least impact. Responses are outlined in Table 4 below.

Table 4: “Attention Grabbing” Rankings of Information Categories (n=48)

Category of Information	First	Second	Third	Fourth
Prevalence of Diabetes	48%	33%	15%	4%
Consequences of Diabetes	44%	46%	6%	4%
Nature of Diabetes	6%	13%	52%	29%
Prevention of Diabetes	2%	8%	27%	63%
<i>TOTAL</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>

Information regarding the *prevalence* of diabetes was ranked first by the largest number of participants, closely followed by *consequences*. To take into account participants' other rankings, a value of four, three, two and one was assigned in accordance with rankings. The sum of these scores is outlined in Figure 1 below.

Figure 1: Sum Of Rankings For Different Categories Of Information About Diabetes From Most Attention Grabbing To Least Attention Grabbing

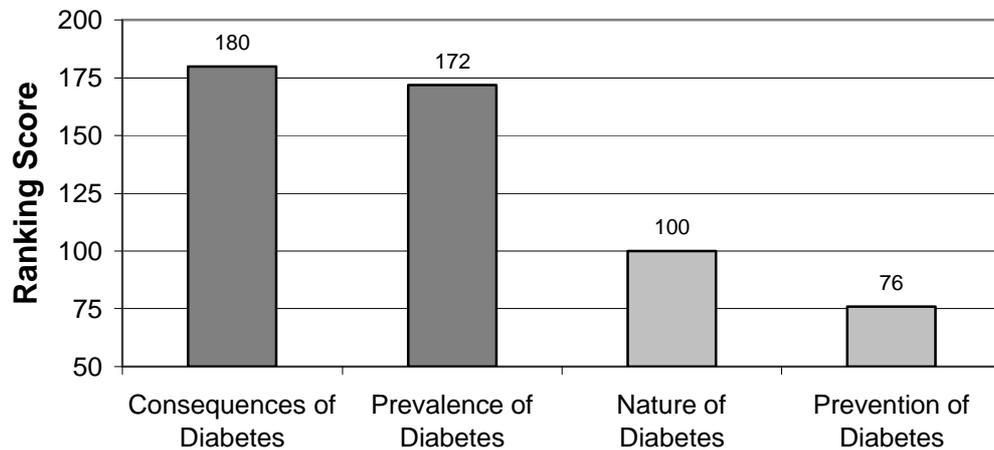
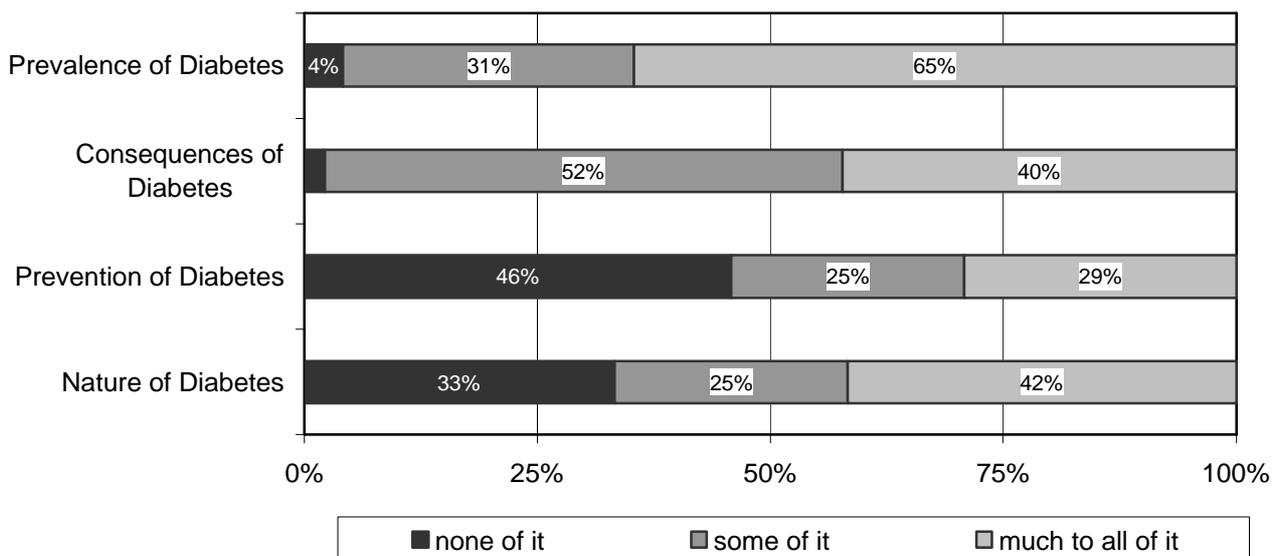


Figure 1 suggests that information regarding the *consequences* and *prevalence* of diabetes are equally attention grabbing and far more attention grabbing than information regarding the *nature* and *prevention* of diabetes.

3.2.2 Novel Information About Diabetes

After reading each of the four information categories regarding diabetes, participants were asked to nominate how much of the information was new to them. Responses are illustrated in Figure 2.

Figure 2: Novelty to participants of information about diabetes



It is evident from Figure 2 that information about the *prevalence* of diabetes was new to the majority (two-thirds) of participants and at least some of the information about both the *prevalence* and *consequences* of diabetes was new to almost all respondents. In contrast almost half of participants claimed they already knew about steps to take towards *prevention* of diabetes and a third about the *nature* of diabetes.

Subsequent discussions revealed that participants were highly surprised about the *prevalence* of diabetes within the community. Many reportedly knew that diabetes was a “problem” but few realised the extent to which diabetes had infiltrated society.

Participants were likewise highly surprised about the severity of *consequences* associated with diabetes, with most aware of at least some of the complications, but few aware of all. Participants appeared taken aback that diabetes contributes to blindness, kidney failure, heart disease, lower limb amputation and a shorter life expectancy.

In a similar vein many participants reported surprise learning from the *nature* of diabetes section that there is no cure for diabetes. These same participants were more familiar however with the concept that once someone was diagnosed with diabetes they would need to alter their lifestyles.

In contrast, few participants reported surprise about the steps towards *prevention* of diabetes, with most already associating the onset of diabetes with obesity coupled with unhealthy diets and lack of exercise.

Overall, these results suggest that the “newness” of the information serves to attract people’s attention.

3.2.3 Perceived Personal Risk of Diabetes

Participants were asked what their perceived risk of contracting diabetes was after reading information on the *prevalence* and *prevention* of diabetes.

Figure 3: Perceived personal risk of contracting diabetes in light of information regarding prevalence and prevention

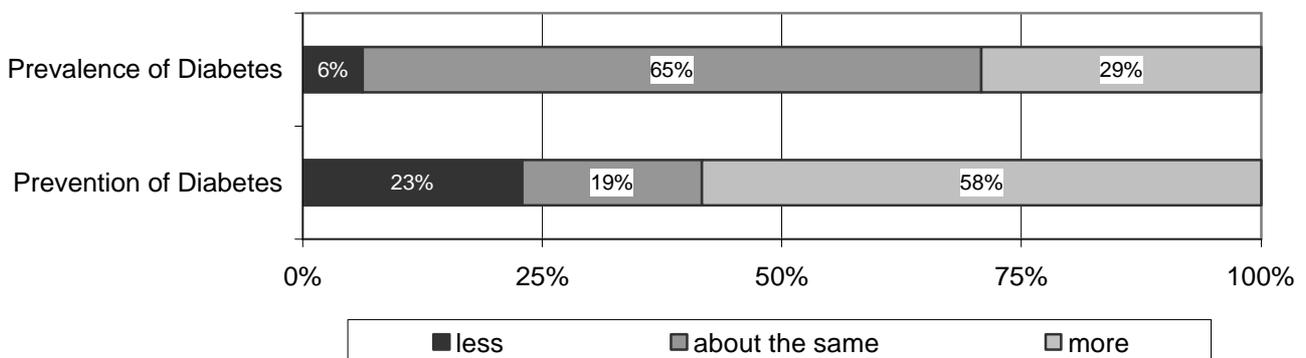


Figure 3 suggests that when faced with information about the increased *prevalence* of diabetes less than one-third thought that their own likelihood of contracting diabetes was any greater. In contrast when confronted with lifestyle factors that reduce the

likelihood of contracting diabetes, a majority of participants thought that their likelihood of contracting the disease was greater than previously thought.

Overall then, while the *prevention* concept was not considered attention grabbing, it nevertheless seemed to trigger a self-assessment that led to an increase in perceived risk – no doubt because most participants considered that they could improve on one or more of these lifestyle factors.

However, few participants associated the *prevalence* data with themselves, even though they reported shock about the extent of diabetes within society. When this was further explored participants reported that they associated diabetes with obese people who led unhealthy lifestyles and to this extent intimated that diabetes was at least partly self-inflicted.

Similarly, most participants claimed that they tried to ensure balanced diets and at least semi-regular exercise as part of their lifestyles and as a consequence few saw themselves at risk of contracting diabetes. In fact, 23% indicated that their perceived risk was lower after reading the *prevention* concept. Nevertheless, the *prevention* information served to further reinforce a message that participants already knew quite well - to stay healthy one needs to eat a balanced diet and exercise regularly. Thus learning that the risk of contracting diabetes can be reduced by staying fit and eating well seemed to have supplied participants with even greater reasons to lead a healthy lifestyle and thus positively reinforced pre-existing knowledge about the benefits of such.

3.2.4 Perceived Seriousness of Diabetes

Participants were asked whether their perception of the seriousness of diabetes had changed in light of being supplied information on the *consequences* and *nature* of diabetes.

Figure 4: Change in perception of the seriousness of diabetes in light of information regarding its consequences and nature

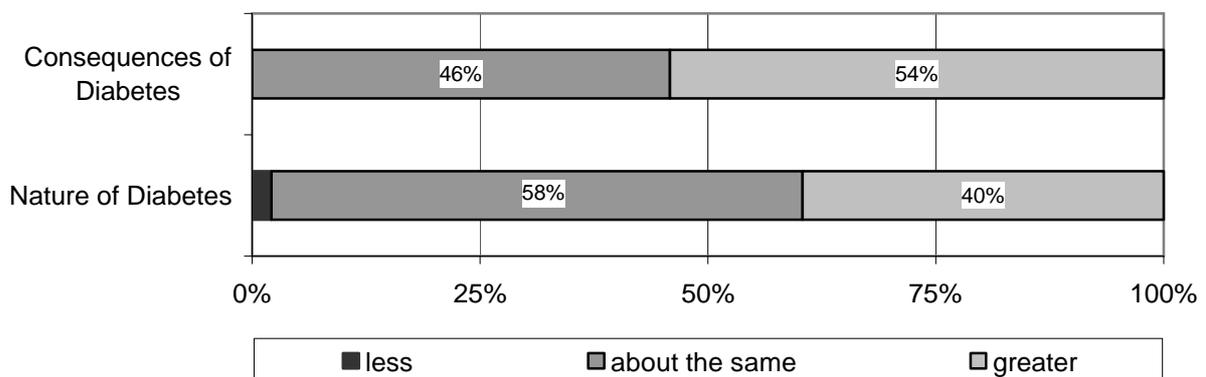


Figure 3 illustrates that a slight majority of participants thought that diabetes was a more serious disease than they previously thought in light of information regarding its *consequences*. Information regarding the *nature* of diabetes also impressed upon two-fifths of participants the greater seriousness of the disease.

Related to discussion about the novelty of the information, participants confirmed that much of the information about *consequences* of diabetes was new to them and increased their perception of the severity of the disease. To a lesser extent participants reported that the nature of diabetes was more serious than they previously thought. Many participants already knew that diabetes could be managed by lifestyle but expressed surprise that diabetes has no cure.

3.2.5 Desire to Learn More About Diabetes

Participants were asked to what extent the different categories of information about diabetes increased their desire to learn more about the disease. Responses are illustrated in Figure 5.

Figure 5: Extent to which information increased participant desire to learn more about diabetes

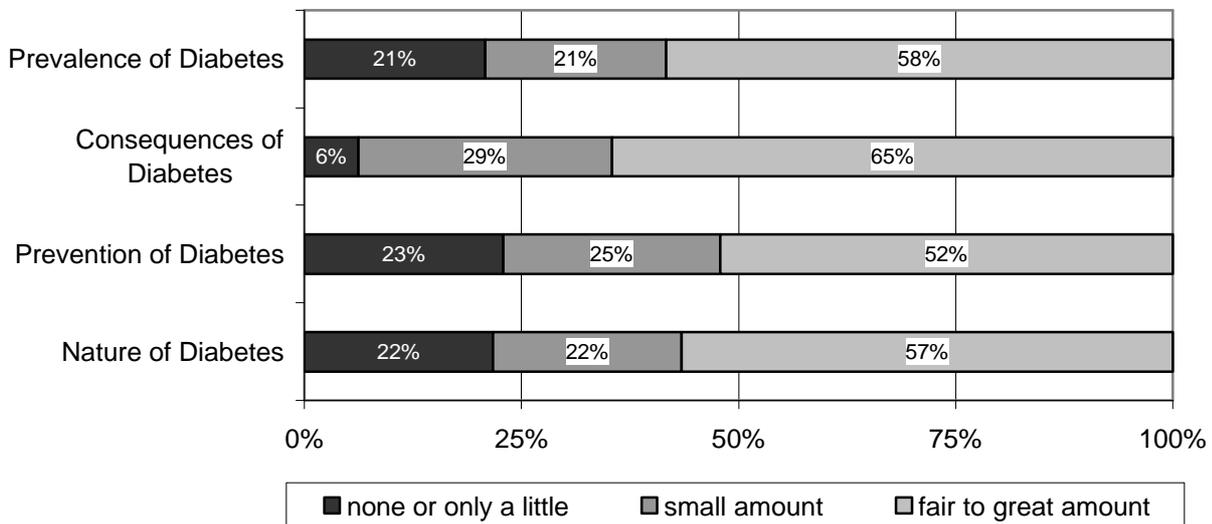


Figure 5 shows that all of the concepts increased the desire of a majority of respondents to learn more about diabetes. However the *consequences* of diabetes appeared to stand out as the most powerful motivator judging by the comparatively small proportion of participants who claimed it motivated them only a little or not at all to learn more about the disease.

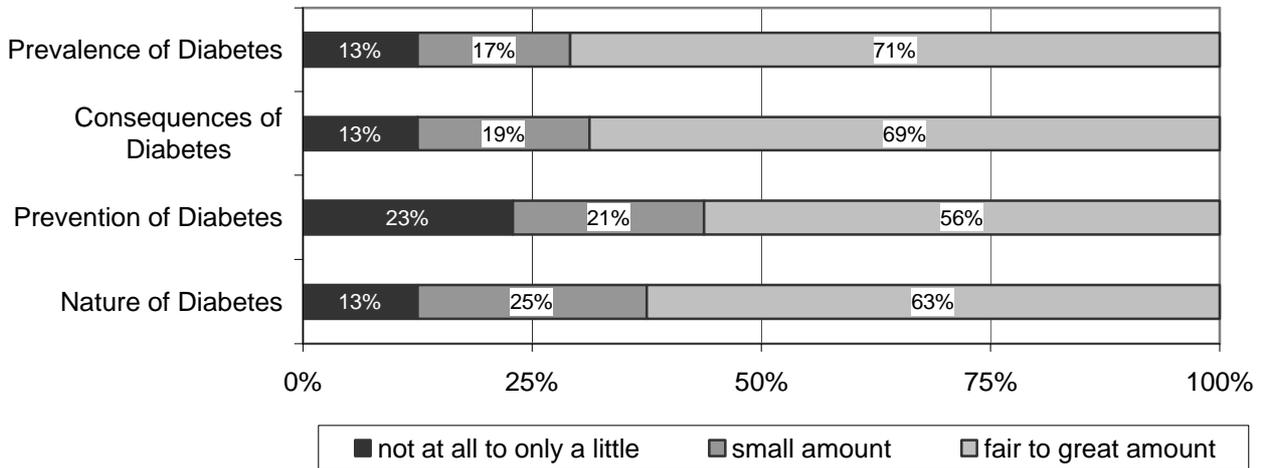
The curiosity of participants about diabetes was certainly increased as a result of taking part in the focus groups. There was near universal acknowledgement that diabetes was more serious than they had previously thought and there seemed to be a genuine desire to learn more about the disease. Many participants were keen to know where they could get more information about diabetes, exactly what they might do to lower their risk of developing the disease, and how best they might get tested.

The majority of participants reported that they had regular check-ups with their general practitioner (GP), however many from Bunbury and Geraldton reported that they found it extremely difficult to get an appointment as their GPs were so overworked. As a consequence some participants speculated that perhaps their GP would not be the best point of first contact with regard to learning more about diabetes and were keen to learn of alternative sources for their information.

3.2.6 Increased Attention to Diabetes in the Media

Participants were asked to what extent each concept about diabetes increased their likelihood of paying attention to stories about the disease in the media. Results are illustrated in Figure 5.

Figure 5: Extent to which information increased participant desire to take more notice of media items about diabetes



In a similar vein to expressing a desire to learn more about diabetes a majority of respondents claimed that all four categories of information would increase their likelihood of paying attention to media items about the disease by either a fair or great amount. The *prevalence* and *consequences* of diabetes appeared to be slightly more motivating in this regard than either *nature* or *prevention* of diabetes.

3.2.7 Desire to Reduce Risk of Diabetes

Participants were asked to what extent the information about diabetes increased their desire to do things to lower their risk of developing diabetes. Results are illustrated in Figure 6.

Figure 6: Extent to which information increased participant desire to reduce their risk of contracting diabetes

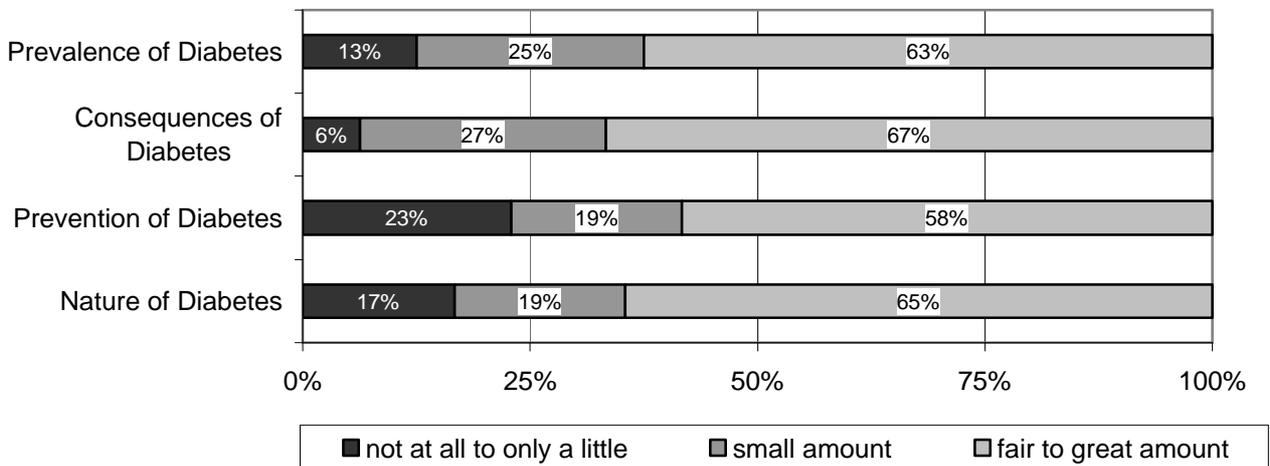


Figure 6 illustrates that all information regarding diabetes was influential in increasing participants' desire to actively do things to lower their risk of developing diabetes. Consistent with previous items, information regarding the *consequences* of diabetes was the most influential and *prevention* of diabetes least influential.

3.2.8 Most Striking Facts About Diabetes

The impact of separate statements contained within each of the four categories of information on diabetes was assessed by asking participants to nominate any one or two of the statements that impressed them the most. Of the 21 statements in the four categories the ten that were most frequently nominated are outlined in Table 5.

Table 5: Proportion of Participants Nominating Various Facts About Diabetes as “Most Striking”

Statements About Diabetes	%
1. Fastest growing non-infectious disease in the world	46
2. The risk of heart disease and stroke are two to five times higher	40
3. There is no cure	31
5. Second most common cause for commencing renal dialysis (for kidney failure)	27
5. Nearly one in four Australian adults have diabetes or early signs of the disease	27
8. The number of people with diabetes has tripled since 1981	25
8. For every person who has diabetes there is one person who has it but does not know	25
8. Most common cause of blindness in people under the age of 60	25
9. Most common cause of non-injury lower limb amputation	21
10. Seven and a half percent of Australians over the age of 25 years have diabetes	17

Among the top ten “most startling” facts were a nearly equal mixture of *prevalence* and *consequences* statements about diabetes along with “There is no cure for diabetes” from the *nature* of diabetes concept (third most frequently nominated).

3.2.9 Ambiguous Statements

Care was taken to word each statement as plainly and clearly as possible. Nonetheless participants were asked to nominate any statements that they thought were poorly worded or confusing. Very few participants chose to nominate any statements. However two participants seemed to be unsure of the statement “Diabetes can cause impotence” and one participant was unsure of “Diabetes is the second most common cause for commencing renal dialysis (for kidney failure)”. It is likely that these statements were nominated because of the participants’ unfamiliarity with the medical terms “impotence” and “renal dialysis”.

4. DISCUSSION

The results of the present study replicate previous research that suggests that the greatest health concerns of Australian adults are *cancer* and *cardiovascular disease*^{4,5}. However the salience of diabetes as a serious disease was far higher in the present sample than would have been anticipated from previous studies. This may be indicative of the success of more recent publicity campaigns to raise awareness of diabetes within Australia. However it is also possible that participants were prompted through the screening process when asked whether they or anyone in their immediate family had diabetes in addition to the other decoy conditions of heart disease, high blood pressure and lung cancer. Either of these two interpretations is possible or even a combination of both.

It is interesting to note that although almost half of participants reported that diabetes is a serious disease in Australia, fewer than one in seven were personally worried about contracting the disease. This is consistent with recent research in Australia where a series of men's health focus groups was conducted involving approximately forty men and where *cancer*, *heart disease* and *dementia* were mentioned frequently but only a single participant mentioned diabetes as something they were personally worried about developing⁶. In the present study only two (of 23) men mentioned diabetes as a something they were personally worried about getting. This suggests that participants in the present study viewed diabetes as "serious" in the same way as they viewed AIDS as serious – a disease associated with *other* people whose lifestyle choices were different to their own and as a consequence led to an increased risk of contraction. It also points to incomplete integration of current public awareness campaigns concerning diabetes – participants recalled being advised in the media that diabetes is a "serious" disease but had difficulty explaining the exact nature of this seriousness.

In a similar vein, *prevalence* information about diabetes was attention grabbing to participants because they were surprised about how widespread the disease actually was and hence the information made them 'sit up and take notice'. However the *prevalence* information only appeared to weakly increase the personal relevance of diabetes to participants.

Perceptions of the seriousness of diabetes also seemed to be undermined by participants' knowledge of other people with diabetes who appeared to look "fine", and, other than needing to maintain discreet management regimes, led perfectly "normal" lives. This comfortable perception appeared to go hand-in-hand with a view that diabetes was not a particularly severe disease, however the *consequences* concept was able to shift people's perceptions. Like the *prevalence* information, the full range of *consequences* associated with diabetes was new and surprising to participants. However unlike *prevalence* information, *consequences* information was seen as more

⁴ Borland, R., Donaghue, N. and Hill, D. (1994) Illnesses that Australians most fear in 1986 and 1993. *Australian Journal of Public Health*, 18, 366-369.

⁵ Ministerial Advisory Committee on Diabetes for Diabetes Australia (1998) *Developing a strategy to tackle diabetes: An evaluation of community and opinion leader familiarity and attitudes*. Sydney: Walcott Research Pty Ltd.

⁶ Donovan, R. and Egger, G. (2000) *Men's Health Beliefs: A Qualitative Research Report to the Healthy Blokes Project*. Centre for Behavioural Research in Cancer Control, Report 000401, Curtin University.

personally relevant to participants and indications were that it was more likely to prompt behavioural changes.

In comparison the information regarding the *nature* and *prevention* of diabetes did not excite participants, with the exception of learning that diabetes has no cure. That is not to say that participants were unreceptive to these categories of information, but rather the information was not new. The lifestyle factors involved with lowering the risk of contracting diabetes are consistent with what participants already knew about how to avoid other diseases such as a variety of cancers and cardiovascular disease. As such the information on *prevention* of diabetes only served to further reinforce the message that they should maintain a lifestyle conducive to good health. Information regarding the *nature* of diabetes was also still of interest to participants but they did not personalise the information in the same way that they personalised information regarding *consequences* of diabetes.

5. RECOMMENDATIONS

The results of the present study clearly suggest that the most effective way to get Western Australians who are 45 years of age and over to pay attention to public awareness campaigns regarding diabetes is to initially surprise them with *prevalance* data, such as:

- Diabetes is the fastest growing non-infectious disease in the World;
- The number of people with diabetes in Australia has nearly tripled since 1981;
- Nearly one in four Australian adults now have diabetes or early signs of the disease; and
- For every person who has diabetes there is another who has it but does not know.

This should be accompanied by equally attention getting, but also severity and risk-increasing information such as:

- There is no cure for diabetes;
- The risk of heart disease is two to five times greater for people with diabetes;
- Diabetes is the most common cause of blindness for people under the age of 60;
- Diabetes is the most common cause of lower-limb amputation; and
- Diabetes is the second most common cause for commencing renal dialysis.

Once the problem is clearly outlined then the audience should be presented with the pre-existing solution of exercising regularly, drinking in moderation and eating foods low in fat and high in fibre.

With respect to communication materials, we would recommend that statements from the *prevalance* concept be used in headlines for print and opening statements for broadcasts, with the main body of the advertisements being devoted to *consequences* and the fact there is no cure. Final statements can refer to physical activity, diet and avoiding becoming overweight lowering the risk of developing diabetes. This should serve to increase the salience of diabetes as a 'serious' disease, as well as solidifying the perception of the 'seriousness' of contracting the disease – and increase the perceived risk of contracting the disease being dependent on lifestyle. Information should also be supplied to the audience about where they can learn more about diabetes – preferably by supplying a Diabetes Association telephone number but alternatively suggesting that the audience discuss the disease with their GP.

J. HEALTH CONCERNS

J.1 What do you think are the most serious diseases in Australia

J.2 What health problems or diseases do you personally worry most about getting?

K. DIABETES IN THE POPULATION

- Diabetes is the fastest growing non-infectious disease in the world
- The number of people with diabetes in Australia has tripled since 1981
- Approximately one million Australians have diabetes
- 100,000 Western Australians are thought to have diabetes
- For every one person diagnosed with diabetes there is another person who has it but does not know
- 7½% of Australians over the age of 25 years have diabetes
- Nearly one in four Australian adults have diabetes or early signs of the disease

K.1 How much of this information is new to you? (please tick)

none of it	some of it	much of it	most of it	all of it
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

K.2 Having read the above, do you think your risk of getting diabetes is greater than you previously thought, less, or about the same?

much less	less	about the same	greater	much greater
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

K.3 To what extent does this information make you want to find out more about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

K.4 To what extent would this information make you pay more attention to things in the news about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

K.5 To what extent does this information make you want to do things to lower your risk of getting diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

L. CONSEQUENCES OF HAVING DIABETES

- Diabetes severely impacts on quality of life
- Diabetes is the most common cause of blindness in people under the age of 60
- Diabetes is the second most common cause for commencing renal dialysis (for people with kidney failure)
- Diabetes is the most common cause of non-injury lower limb amputation
- The risk of heart disease and stroke are two to five times higher among people with diabetes
- Diabetes can cause impotence

L.1 How much of this information is new to you? (please tick)

none of it	some of it	much of it	most of it	all of it
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

L.2 Having read the above, how much more or less serious do you think diabetes is than you previously thought?

much less	less	about the same	more	much more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

L.3 To what extent does this information make you want to find out more about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

L.4 To what extent would this information make you pay more attention to things in the news about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

L.5 To what extent does this information make you want to do things to lower your risk of getting diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

M. HEALTHY LIFESTYLES PREVENT DIABETES

The risk of diabetes is significantly lower for people who:

- Exercise regularly
- Do not smoke
- Drink in moderation
- Eat foods low in fat and high in fibre
- Are not overweight

M.1 How much of this information is new to you? (please tick)

none of it	some of it	much of it	most of it	all of it
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

M.2 Having read the above, do you think your risk of getting diabetes is greater than you previously thought, less, or about the same?

much less	less	about the same	greater	much greater
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

M.3 To what extent does this information make you want to find out more about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

M.4 To what extent would this information make you pay more attention to things in the news about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

M.5 To what extent does this information make you want to do things to lower your risk of getting diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

N. THE INCURABLE AND PROGRESSIVE NATURE OF DIABETES

- | |
|--|
| <ul style="list-style-type: none"> • There is no cure for diabetes once developed • Diabetes causes many debilitating conditions in the longer term • Diabetes can be managed but often requires drastic life-style changes |
|--|

N.1 How much of this information is new to you? (please tick)

none of it	some of it	much of it	most of it	all of it
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

N.2 Having read the above, how much more or less serious do you think diabetes is than you previously thought?

much less	less	about the same	more	much more
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

N.3 To what extent does this information make you want to find out more about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

N.4 To what extent would this information make you pay more attention to things in the news about diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

N.5 To what extent does this information make you want to do things to lower your risk of getting diabetes?

not at all	only a little	small amount	fair amount	great amount
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅