#### 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

MJ Taylor Professor of Pharmaceutics 0116 2506317 mit@dmu.ac.uk

Mohamd Alblihed PhD student p06004947@myemail.dmu.ac.uk

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

'" <ck c`x'ufy'mci3<="" th=""><th></th><th></th><th></th><th></th></ck>				
jn 1- Between 1-10 years	jn 4- Between 31-4	0 years	<b>j</b> n	7- Between 61-80 years
jn 2- Between 11-20 years	jn 5- Between 41-5	0 years	<b>j</b> m	8- Over 80 years
jn 3- Between 21-30 years	jn 6- Between 51-6	0 years		
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) "'D`YUgY'ghUhY'mcif'k Y][\h'Ub	X '\ Y ][ \ h'			
1- Height õ õ õ õ (cm or feet and inches)				
2- Weight $\tilde{o}~\tilde{o}~$ (kg or stones and pounds)				
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+"'K\Uh']g'mcif'Yh\b]W[fcid3'				
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	Yes	No
1- Is your pump switched on during exercise?	<b>j</b> n	<b>j</b> α

2-

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De N	Montfort University Ins	suli	n Pump l	Us	ers' Diet and Exercise Survey
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<b>j</b> n	1- Aerobic exercise (e.g. walking, cycling	, joggi	ing and swimming	)	
<b>j</b> n	2- Anaerobic exercise (e.g. resistance tra	ining	and weight lifting)		
<b>j</b> n	3- A mixture of aerobic and anaerobic				
<b>j</b> 'n	4- Other please state				
()"		mci '	dUfh]W]dUhY	.]b .t	fd`YUgY`gY`YWh'U```h\Uh'Udd`mŁ
Ê	1- Walking	ê	3- Weight training	(resi	stance exercise)
é	2- Cycling	ê	4- Swimming		€ 6- Running
é	7- Other please state				
( * "	'5fY'h\YfY'Ubm'VUff]Yfg'dfY	j Yb	h]b[mciZfc	a 'r	U_]b[ 'dUfh']b'a cfY'gdcfh3'
é	1- Health reasons			ê	6- It does not interest me
é	2- Lack of motivation			é	7- It is too expensive
é	3- Embarrassment about how I look eg ov	erwei	ght or fitness	ê	8- Lack of transport
lack	4. Vou doubt it will lood to weight control			é	9- Fear of injury
ė	<ul><li>4- You doubt it will lead to weight contro</li><li>5- Lack of time</li></ul>	l		ê	10- Don't know
ė					
ė	11- Other (please specify)				
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<b>j</b> m	Every day			<b>j</b> m	3-5 days
<b>j</b> m	1-2 days			<b>j</b> m	6 days
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<b>j</b> 'n	1- Less than 30 minutes.	<b>j</b> m	3- From 1 to 2 ho	urs.	$j_{\text{fl}}$ 5- From 3 to 4 hours.
<b>j</b> n	2- From 30 to 1 hour.	<b>j</b> n	4- From 2 to 3 ho	urs.	jn 6- More than 4 hours.
( - "	<pre>'&lt; ck 'a Ubm'h]a Yg'Xc'mci 'Y</pre>	l Yf\	W]qY 'dYf'XUı	m3	
<b>j</b> m	Once		-0	<b>j</b> m	Three times.
jn	Twice			jm	More than 3 times.
,				,	

) \$" < CK Y ZZY WhJJ Y \ Ug YI Y FWJGY V Y Y B CB Y U W	Effective	No change	Detrimental	Comment
1- Better general health				
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d`YUgY`h]W_`cbY	, -	,	J	Ü
) ) "'Hmd]\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.MII	Hh'Hdd`m		
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""O a 'mm! 'Vflb 'II'\\b\		
S"'8c'mci 'Xf]b_'U`Wc\	/c`3	
1- Yes	jn 2- No	jn 3- Yes, but not on an exercise day
o"'8c mci iga c_Yicbi	mcifYlYfW]gYXUmg3	
1- Do not smoke		
2- Yes, please state how mar	ny per day	
"' <ck czhyb="" mci<="" td="" ufy=""><td>YjYf'hcc'i bkY``'cf'ghfYggYX'hc</td><td>YI YfW]gY3<sup>-</sup></td></ck>	YjYf'hcc'i bkY``'cf'ghfYggYX'hc	YI YfW]gY3 <sup>-</sup>
1- Frequently	j₁ 3- Rare	ely
2- Sometimes		
4- Other (please specify)		
"'< Uj Y'mci 'YI dYf]Yb	oWYX'UbmicZih\Y'Zc``ck]b[igmadi	nca gʻUZhYfʻYI YfWlgY3
1- Bleeding	jn 5- Hyperthermia	jn 9- Urinary (colour,blood,pain)
2- Chafing	j₁ 6- Muscle cramps	jn 10- None
3- Flushing	j₁ 7- Red face	
4- Hives	jn 8- Shortness of breath	
11- Other		
"'D`YUgY'k f]hY'Ubm'W	vca a Ybhgʻmci k ci`X``]_YʻhcʻUX>	<
"'D`YUgY'k f]hY'Ubm'V	vca a Ybhgʻmci k ci`X``]_YʻhcʻUX)	5
"D`YUgY'k f]hY'Ubm'V	vca a Ybhgʻmci k ci`X``]_YʻhcʻUX)	
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