

Oxford Maternity Diabetes Treatment Satisfaction Questionnaire (GDM Health & Stay active)

Please indicate your personal agreement with each of the following statements

* Required

1. Please enter your study participant number *

2. Visit 1 or 2 *

- Visit 1(initial consultation)
- Visit 2 (approx 36 weeks)

3. I find the equipment I use to check my blood sugars is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/a

4. I feel the equipment I use to check my blood sugars is reliable *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

5. My blood sugar monitoring fits in with my lifestyle *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

6. The feedback I receive about my blood sugar level is useful *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/a

7. I feel the system I use to calculate carbohydrate is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

8. I feel the system I use to calculate carbohydrate is reliable *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/a

9. I feel the feedback I receive about my carbohydrate intake is useful *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

10. I feel the system I use to record my weight is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

11. I feel the system I use to record my weight is useful *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

12. I feel the system I use to measure my physical activity/exercise level is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

13. I feel the feedback I receive about my physical activity/exercise levels is useful *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- N/A

14. How often would you have liked feedback? *

- Daily
- Every 2-3 days
- Every 4-5 days
- Weekly
- Only when necessary
- N/A

15. Is there a particular area where you would have liked more feedback? *

- Blood glucose
- Carbohydrate intake
- Physical Activity/Exercise
- Weight gain
- None

16. Please use box below for any further comments: Particular regarding the Stay-Active App (ease of use & recommendation to the others)

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms