Healthier Lifestyle Programme - Working with South Asian Groups
Contents

What the pack contains
Introduction to the programme

Session 1 – Diabetes and a healthier lifestyle
• Overview of session
• A quick guide to the session
• Running the session
• Additional notes

Session 2 – Taking control of your diabetes (1)
• Overview of session
• A quick guide to the session
• Running the session
• Additional notes

Session 3 – Taking control of your diabetes (2)
• Overview of session
• A quick guide to the session
• Running the session
• Additional notes

Appendices
• Appendix 1 Translation services
• Appendix 2 Resources
• Appendix 3 Ordering information for handouts
• Appendix 4 Glossary
• Appendix 5 References

Slides for each session on CD
Food photograph cards
What the pack contains

In this pack you will find:

1. An introduction to the programme
2. An overview of each session
3. A quick guide to each session
4. Detailed notes on running each session
5. Additional notes for each session
6. Slides for each session (on CD)
7. Food photograph cards
8. Contact details of translation/interpreting services
9. Examples of:
   i. Food and activity diary
   ii. Personal record cards
   iii. Questionnaires (pre and post)
   iv. Evaluation sheets
   v. Personal Action Plans
10. How to order copies of:
    - South Asian Balance of Health poster
    - Meal plans: Healthy Eating, Eastern & Western food ideas
    - Translated handouts
11. A glossary of terms
12. References
Introduction to the programme

This pack has been produced by..., in partnership with Diabetes UK and the National Resource Centre for Ethnic Minority Health.

Who is the education for?
The sessions are intended for South Asian patients with Type 2 Diabetes.

Aims
The overall aims of the sessions are to ensure that participants have a good understanding of their diabetes and how a healthier lifestyle can improve their management of this.

What is covered in the sessions?
The main areas covered in the sessions are:
1. What is diabetes?
2. Diabetes and healthy eating
3. Diabetes and physical activity
4. Taking control of diabetes
5. Diabetes personal action plans

Outcomes
Increased knowledge
Weight management
Improvements in blood glucose control; HbA1c; blood pressure; cholesterol; lipids
Attendance annual review; retinopathy screening etc.

Follow-up
All patients who attend the programme are given personal action plans in the final session. There should be a follow-up with these patients 6 months after the sessions end.
About the Programme

Who can deliver this education?
The programme is designed to be run by two health professionals - a Diabetes Specialist Nurse and a Community Dietician. For some of the sessions other health professionals can also be involved e.g. podiatrist, community pharmacist, physical activity instructor.

Where should the sessions be held?
Ideally, the sessions should be in a venue that suits the community you are planning to invite e.g. community health centre; mosque etc.

How many sessions are there?
There are 3 core sessions - these should be offered to all groups. If you have access to cooking facilities you can run an additional session at the end to include a cookery demonstration.

How long should the programme run for?
The sessions should run over a 3-week period i.e. one session per week.

How long does each session last?
Each session should last about 2 hours with lunch offered at the end of each session.

What size should the group be?
You should aim to have between 8-10 participants.

When should the sessions be run?
Sessions should be run in the morning (10am to 12pm) with lunch provided at the end.
Inviting participants to stay for lunch can be used for further education and discussion on healthy eating. It is also an important opportunity for getting to know the group members better.
If you are unable to run the sessions in the morning then the afternoon session should include a tea break (offer tea, fruit juice and fruit).
Before running the sessions
1. Know the make up of the group:
   - Age
   - Gender
   - Ethnic origin
   - Religion
   - Main language spoken
2. If English is not the first language. You will then need to arrange for a trained interpreter (details given in appendix 1) to be present at all the sessions. Details on how to do this are given in appendix 1.
3. Have personal record cards ready for group members - see appendix 2.
4. Have all the resources and materials you will need for each session. Details are given in the overview of the sessions and in the ‘Quick Guide’ to the sessions.

On the day of the sessions
Set up the room ready for the session
Make sure laptop and projector are working
Have flipchart ready
Have measurement equipment ready and working
Make sure music and CD player are working
Have translated handouts ready
Have any food and drink ready

Remember, for every session:
1. You will need a trained interpreter. This interpreter should:
   - Have experience of working with groups
   - Have experience of interpreting in a health care setting
   - Have some knowledge of diabetes and the terms used e.g. hypo. If the interpreter has no knowledge of diabetes it is important that you provide them with basic notes about diabetes and a glossary of terms before the day of the session.
2. You must always have fruit juice and glucose drinks/tablets in case someone has a hypo.
Overview of Session 1 – Introduction to Diabetes

Objectives for this session are that participants will:

- Know each other and the tutors
- Understand what diabetes is and the importance of managing it
- Understand the importance of Healthy Eating
- Have some diet and activity targets for next session

Plan for first session

1. Welcome and introductions.
   - Icebreaker
   - Discussion of the aims of this group; what to expect; main topics to be covered
   - Ground rules agreed with the group

2. Action
   - Hand out the personal record cards,
   - Measure height, weight, waist and blood pressure.
   - Hand out knowledge assessment and diabetes management questionnaire.

3. Brainstorm to find out level of knowledge about diabetes
   What are the expectations of coming to this group.

4. Topics covered in session
   (a) What is Diabetes?
   - Risk factors; symptoms; treatments
   - Complications (feet, eye damage, kidney damage, heart attacks, strokes, circulation problems etc)

   (b) Managing Diabetes – 5 key steps
   - Healthy Eating – discuss in this session
   - Physical Exercise – discuss in this session
   - Blood Glucose Testing – discuss in session 2
   - Blood pressure monitoring – discuss in session 2
   - Medication – discuss in session 2

* Tea break (if running session in the afternoon)
(c) Healthy Eating & Physical Activity
Brainstorm ‘what is healthy eating’.
Group discussion - advantages/disadvantages of healthy living & any barriers to healthy living.

(d) ‘South Asian Balance of Good Health’ poster
Discuss poster.
Discuss portion sizes - using pictures and/or examples

(e) Target setting for next session and hand out food & activity diaries.

5. End of session
Group discussion
Suggestions for next sessions
Action - do some physical activity with group e.g. dancing

* Lunch (if running session in the morning)

6. Resources needed
Trained interpreter
Height meter; weighing machine
Measuring tape; blood pressure monitor
South Asian Balance of Good Health poster
Meal plans – Healthy Eating, Eastern & Western Food Ideas
Record cards
Questionnaires
Food & activity diaries
Pencils
Music & CD player
Laptop
Power point projector
Flipchart & markers
Translated handouts
Physical activity instructor (if available)
Fruit juice and glucose drink/tablets in case someone has a hypo
Tea, fruit juice & fruit for tea break OR Food & drinks for lunch
# A quick guide to Session 1 - Introduction to Diabetes

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
<th>Slides</th>
<th>Resources needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce self &amp; interpreter. Welcome everyone to the group &amp; icebreaker. Discus aims</td>
<td>20</td>
<td>Slide 1, Slide 2</td>
<td>Trained interpreter; laptop &amp; power point projector; questionnaires; record cards; pencils; height meter; weighing machine; measuring tape; BP monitor</td>
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<tr>
<td>1. Hand out personal record cards. Measurements - height, weight, waist &amp; BP</td>
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<td>2. Hand out questionnaires.</td>
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<tr>
<td>Brainstorm levels of knowledge about diabetes; expectations of coming to the group.</td>
<td>10</td>
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<td>Flipchart &amp; marker</td>
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<tr>
<td>Discuss what is Diabetes?</td>
<td>20</td>
<td>Slides 3-11</td>
<td>Translated handouts</td>
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<tr>
<td>Discuss key steps to managing diabetes.</td>
<td>5</td>
<td>Slide 12</td>
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<tr>
<td>* Tea break</td>
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<td>Tea, fruit juice &amp; fruit</td>
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<tr>
<td>Brainstorm</td>
<td>10</td>
<td>Slides 13-14</td>
<td>Flipchart &amp; marker</td>
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<tr>
<td>• what is healthy eating/physical activity?</td>
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<td>• advantages &amp; disadvantages of healthy living</td>
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<td>• barriers to healthy living</td>
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<tr>
<td>Discuss 'South Asian Balance of Good Health' poster</td>
<td>25</td>
<td>Slides 15-30</td>
<td>South Asian Balance of Good Health poster. Food samples or photos. Meal plans</td>
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<tr>
<td>Discuss portion sizes using pictures or food samples.</td>
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<tr>
<td>Set personal targets for healthy eating and physical activity</td>
<td>5</td>
<td>Slide 31</td>
<td>Personal record cards. Food &amp; activity diaries</td>
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<tr>
<td>End of session</td>
<td>25</td>
<td>Slide 32</td>
<td>Music &amp; CD player</td>
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<tr>
<td>* Lunch</td>
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<td>Food and drinks</td>
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</tbody>
</table>

* include a tea break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning.
Session 1 – Introduction to Diabetes

Introduction 30 minutes
Welcome everyone to the group. (Slide 1)
Introduce yourself and interpreter.
Icebreaker: get to know the group; where they have come from; languages spoken; number of children; who cooks and shops; health concerns.
Group introduction
Ground rules – brainstorm from group e.g. punctuality, confidentiality, inform if unable to attend etc.

About the group
Discuss the purpose of the group; what to expect e.g. measurements, questionnaires, evaluations etc; main topics to be covered. (Slide 2)

Action – Hand out the personal record cards,
- Measure height, weight, waist and blood pressure.
- While doing the measurement ask participants to complete the knowledge assessment and diabetes management questionnaire.

Brainstorm to find out level of knowledge about diabetes
What are the expectations of coming to this group: e.g. What do you want to learn about? What do you need help with? Do you feel diabetes limits your daily life? What is the one thing that bothers you most about diabetes? etc.
Use flipchart & marker to write down expectations.

What is Diabetes? 20 minutes
Explain what diabetes is - use slides and additional notes (Slides 3-5)
Briefly explain Type 1 & Type 2 Diabetes - No such thing as 'mild' diabetes.

Symptoms (Slide 6)
- Increased thirst
- Going to the loo all the time - especially at night
- Extreme tiredness
- Weight loss
- Blurred vision
- Repeated skin infections or thrush
- Cuts, scratches and wounds slow to heal

Risk factors (Slides 7-8)
- Ethnic group
- Diabetes and age
- Diabetes runs in families
- Weight
- Diabetes and pregnancy

Treatments – diet, exercise, tablets, insulin injections. Discuss that there can be a progression through the treatments - see additional notes. (Slide 9)
Complications - feet, eye damage, kidney damage, heart attacks, strokes, circulation problems etc - see additional notes. Emphasise importance of going to annual review. (Slides 10-11)
Managing Diabetes – key steps to managing diabetes
Explain that there are a number of key things you can do to manage your diabetes:

- **Healthy Eating** - we will be talking about this in today’s session.
- **Physical Activity** - we will talk about this in today’s session.
- **Blood Sugar (Glucose) Testing** - Information & demonstration will be given in session 2
- **Keeping your blood pressure under control** - discussion about this in session 2
- **Medication** - discussion in session 2

**Taking control** – the aim of these sessions is to give participants the skills to take control of their diabetes.

Tea break – if running session in the afternoon
Have tea, fruit juice and fruit for group.

**Healthy Eating & Physical activity**

**Group discussion:**
What do you think of when you hear the term healthy eating?
What do you think of when you hear the words physical activity?
**After initial discussion show physical activity slide**
What are the advantages/ disadvantages of having a healthy lifestyle?
See additional notes on benefits
Are there barriers to having a healthy lifestyle?
See additional notes on barriers to physical activity and use if necessary.
Use flipchart & marker to write down key words from discussion.
25 minutes

Discuss ‘South Asian Balance of Good Health’ poster (Slide 15)

**Fruit & vegetables** - discuss - 5 portions a day  
- what 1 portion is  
- ideas on how to eat more fruit & vegetables.  
(Slides 16-18)

**Bread, Cereals, Chapattis, Rice & Potatoes** - discuss how to include these with every meal; choosing types high in fibre; how much to have at each meal.  
(Slides 19-20)

**Pulses, Dahl, Fish & Meat** - discuss 2 portions a day; what 1 portion is; best cooking methods. (Slide 21)

**Milk & Dairy Foods** - discuss 3 portions a day; what 1 portion is; using semi-skimmed and low fat varieties (give examples). (Slide 22)

**Fatty Foods** - discuss what these are; ways to cut down; (Slides 23-24)

**Sugary Foods** - discuss what these are; ways to cut down; alternatives to sugar.  
(Slides 25-27)

**Salt** - Give tips on how to reduce the amount of salt; alternatives to salt e.g. herbs & spices (Slide 28-29)

**Drinking** - fill 8-10 glasses with water, explain that this is how much liquid a person should drink each day; discuss best ways to achieve this e.g. drinking water, diluting juice, fresh fruit juice, tea etc. (Slide 30)

**Note:**
- All of the information needed for the above session is contained in the ‘South Asian Balance of Good Health’ poster.
- There are slides for each topic with photographs of food examples.
- Make sure that you discuss portion sizes in this session - show examples of healthy meals (see slides...)
5 minutes
(Slide 31)
Target setting for next session: 1 healthy eating
1 physical activity
Discuss with individual participants what they think they could achieve - remember to set realistic targets. Also hand out food and activity diaries and ask group to fill in over the next week and bring to next session.

25 minutes
(Slide 32)
Group discussion - anything they didn’t understand; any further questions
Suggestions for next session from group
Date/time/venue for next week’s session
Physical activity - engage group in some form of physical activity e.g. music

Lunch (if running session in the morning)
Invite participants to stay for lunch - this can be used for further education/discussion on healthy eating. Is also a useful opportunity for getting to know the group members better.
Additional notes for session 1

1. What is diabetes?

1.1 Treatments – Type 2 diabetes is usually controlled by diet and physical activity or diet, physical activity and tablets.

It is important to stress to the group that:
- Type 2 diabetes is a long-term medical condition.
- Type 2 diabetes is not a ‘mild’ condition
- The progressive nature of Type 2 diabetes means that a change will be inevitable at some point. Give an example of this e.g. if you currently treat your diabetes with diet & physical activity you may need to start taking tablets; if you already take tablets you may need insulin injections.

1.2 Complications – It is important to stress to the group that there can be serious complications if diabetes is not treated.

1.2.1 Harm to your eyes
Explain that this is called Diabetic Retinopathy, and that nearly 1 in 5 people with Type 2 Diabetes have a significant level of this when they are diagnosed. It is caused when blood vessels in the retina become blocked, leaky or grow haphazardly. This then affects the way you see things.
Discuss type of eye check e.g.

- This is done at your local retinal screening unit (not at your GP practice), and should be done yearly
- Eye drops will be used to dilate your pupils to allow the back of your eye to be checked for changes due to diabetes
- The eye drops may affect your sight for so you may need someone to take you home. You will not be able to drive until your sight returns to normal 3 hours later
- Take sunglasses as your eyes will be sensitive to light
- A photograph of the back of your eye will be taken and stored on computer, so next time the pictures can be compared

If you are found to have eye problems you will be referred to an eye specialist.
Emphasise the importance of having your eyes checked once a year - ask
group if they have had their eyes examined and if they have an eye
specialist. Also say that if they think there are any problems in between
their yearly appointments that they must see their eye specialist straight
away.

1.2.2 Problems with your feet
Explain that diabetes can damage the nerves in your feet and legs and this nerve
damage is called neuropathy.
Symptoms of neuropathy include: numbness, burning, tingling or pain.

Explain that diabetes can also affect your circulation by clogging up the arteries
and that this can affect the blood vessels supplying your feet.
Symptoms include: cuts and sores not healing very well (because there is not
good blood supply); cramp and pain in your legs and/or feet (because of poor
circulation).
Explain that it is very important to look after your feet and that there will be a
session on how to do this next week.

1.2.3 Damage to your kidneys
Explain that this is called renal disease or nephropathy, and that nearly one-
third of people with diabetes may develop this.
It happens when there is damage to the tiny blood vessels which supply the
kidneys.
Explain that there are no obvious symptoms in the early stages and for this
reason it is important to make sure that urine is tested for protein at least once
a year. Ask whether they have had this done.

1.2.4 Problems with your heart and strokes
Explain that having diabetes means that you are at risk of having problems with
your heart or having a stroke.
This happens when there is partial blockage of the blood vessels of the heart or
narrowing of the blood vessels that supply the brain.

1.2.5 Annual check up
Explain it is important to have a yearly medical examination to check: weight, BP,
feet & legs, blood glucose and cholesterol levels. It is also important to have a
healthy lifestyle - eating healthily, physical activity, keeping a healthy weight,
stopping smoking.
2. Physical activity

2.1 Ideas
There are many types of physical activity: exercise, sport, play, dance and active living such as walking, housework and gardening. Choose an activity that you enjoy and that you are able to do on a regular basis.
You should try to build up to 30 minutes of physical activity a day for 5 days each week. You don’t have to do the 30 minutes all at once – this can be spread across the day e.g. three 10 minute walks. Try and do the activity (e.g. walking), at a pace that makes you slightly breathless but still able to talk.

2.2 Benefits
- Helps relieve stress and anxiety and makes you feel better
- Helps lower blood pressure
- Can improve cholesterol levels
- Burns calories so can help you lose weight
- Helps keep blood sugar (glucose) down by reducing insulin resistance
- Helps keep your heart healthy

2.3 Barriers

“*I don’t like doing exercise*”
You don’t have to exercise to be more physically active. You can be more active and get fitter by doing everyday activities that suit you e.g.
- walking instead of using the car
- housework
- using stairs instead of lifts
- cutting the grass
- dancing

“*I don’t have time to do exercise*”
You don’t have to do exercise for a long time all at once. You can do small bits throughout the day.

“*I don’t want to be any more physically active*”
By being more physically active your health and fitness will get better.

“*I have to look after my family*”
You can be more physically active while doing this e.g. walking your children to school instead of taking the car.
"I don't know how to become more physically active"

The best way to start is to have an action plan. Use this to write down any activities you do. Set yourself one goal for the first week e.g. walk the children to school 3 times this week.

Be flexible, if you don't manage to do this on one day (e.g. because of the weather or you were running late) then try and fit in an alternative e.g. walk to the shops; use stairs instead of lifts etc.

If you don't manage all your goals – don’t give up, look at what you have achieved, then build on this the following week.

When you have achieved your goals look at other ways you could become more physically active in your daily life – don’t try and do too much too soon. Make sure that you can achieve your goals regularly before setting yourself new ones.

2.4 Physical Activity & Calories

How to burn up 100 calories (this has to be in addition to what you normally do each day)

- Cleaning the house 25 minutes
- Decorating (in the home) 33 minutes
- Gardening (digging) 12 minutes
- Gardening (weeding) 28 minutes
- Ironing 50 minutes
- Jogging (slowly) 12 minutes
- Shopping 25 minutes
- Stair climbing 9 minutes
- Swimming (slow) 12 minutes
- Vacuum cleaning 22 minutes
- Walking (slowly) 25 minutes
- Washing dishes 50 minutes
Overview of Session 2 – Taking Control of Your Diabetes (1)

Objectives of session 2
Objectives for this session are that participants will:

• Understand the importance of Blood Glucose Testing and Blood pressure control in managing their diabetes.
• Understand the importance of looking after their feet
• Understand the medications they are taking

Plan for session 2
1. Welcome & introduce new health professional(s) (podiatrist/pharmacist)

2. Feedback from previous session
   Advantages/disadvantages of healthier lifestyles
   Barriers to reaching targets

3. Topics covered in this session
   
   (a) Blood glucose testing
      - discuss importance, how & when to do this

   (b) Blood Pressure checks
      - discuss importance & how often this should be checked

   (c) Podiatry input
      - discuss the importance of looking after your feet plus demonstration.

   (d) Medication
      - discuss any medications taken by group (community pharmacist could do this if available)
* Tea break (if running session in afternoon)

4. Diabetes and your daily life
   Your family   Eating out
   Religion      Smoking
   Travel        Alcohol
   Driving       Employment

5. Review of personal targets

6. End of session
   Group discussion
   Suggestions for next session
   Action - Physical activity

* Lunch (if running session in morning)

7. Resources needed

   Equipment for blood glucose testing
   Blood pressure monitor
   Trained interpreter
   Podiatrist
   Community Pharmacist (if available)
   Music & CD player
   Laptop
   Powerpoint projector
   Flipchart & marker
   Translated handouts
   Fruit juice, glucose drinks & tablets in case someone has a hypo
   Tea, fruit juice & fruit for tea break OR Food & drinks for lunch
A quick guide to Session 2 – Taking Control of Your Diabetes

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
<th>Slides</th>
<th>Resources needed</th>
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</thead>
<tbody>
<tr>
<td>Welcome everyone back. Introduce new health professional</td>
<td>5 mins</td>
<td>Slide 33</td>
<td>Trained interpreter; laptop &amp; power point projector</td>
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<tr>
<td>Group discussion - feedback from previous session;</td>
<td>10 mins</td>
<td>Slide 34</td>
<td>Flipchart &amp; marker</td>
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<tr>
<td>advantages &amp; disadvantages of healthier lifestyles; barriers to reaching targets. What we're going to talk about today</td>
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<td>Slide 35</td>
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<tr>
<td>Blood glucose testing - find out current knowledge within the group;</td>
<td>20 mins</td>
<td>Slide 36</td>
<td>Blood glucose testing equipment</td>
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<td>discuss importance; how &amp; when to do this.</td>
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<tr>
<td>Blood pressure checks - discuss importance &amp; how often this should be checked</td>
<td>10 mins</td>
<td>Slide 37</td>
<td>Blood pressure monitor</td>
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<tr>
<td>Podiatry input - discussion plus demonstration.</td>
<td>20 mins</td>
<td>Slides 38-39</td>
<td>Podiatrist</td>
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<td>Medication - discussion of medicines taken by group for diabetes (could have input from community pharmacist if available)</td>
<td>15 mins</td>
<td>Slide 40</td>
<td>Community pharmacist if available</td>
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<td>* tea break</td>
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<td>Tea, fruit juice &amp; fruit</td>
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<td>Discuss Diabetes and daily life</td>
<td>25 mins</td>
<td>Slides 41-50</td>
<td>Translated handouts</td>
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<td>- your family</td>
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<td>- smoking</td>
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<tr>
<td>Review of personal targets</td>
<td>5 mins</td>
<td>Slide 51</td>
<td>Personal record cards</td>
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<td>End of session</td>
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<tr>
<td>Group discussion; suggestions for next session</td>
<td>10 mins</td>
<td>Slide 52</td>
<td>Music &amp; CD player</td>
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<td>Date, time &amp; venue for next session</td>
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<td>Group physical activity</td>
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<tr>
<td>* Lunch</td>
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<td>Food and drinks</td>
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* include a tea break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning
Session 2 - Taking Control of Your Diabetes (1)

15 minutes
(Slides 33-35)

Welcome and introduce new health professional

Feedback from previous session

Discuss
- Advantages/disadvantages of healthier lifestyles
- Barriers to reaching targets
(use flipchart & marker)

20 minutes

Blood sugar (glucose) testing (Slide 36)

Find out how many of the group do this at home; find out levels of knowledge about this.

Depending on levels of knowledge:
- explain what blood sugar testing is
- explain the importance of this in reducing the chances of developing the complications of diabetes
- demonstrate how to do this at home
- explain when this should be done & levels before and after meals
- discuss the importance of learning how food, activity and medicines can affect blood sugar levels
- discuss difference between testing blood sugar at home and having HbA1c levels checked when you see your doctor/nurse

See additional notes

10 minutes

Blood pressure checks (Slide 37)

Explain the importance of keeping blood pressure under control to reduce the chances of developing the complications of diabetes. Discuss ways of doing this e.g. healthy eating; physical activity; not smoking.

Discuss Blood pressure levels within the group (from personal record cards).
Discuss what the general target should be - 140/80 mmHg.
If appropriate discuss medicines to keep blood pressure under control.

Discuss how often blood pressure should be checked.
<table>
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<tr>
<th><strong>Looking after your feet</strong></th>
<th>20 minutes</th>
<th>(Slides 38-39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Input from podiatrist including demonstration -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Why it’s important to look after your feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• how to look after your feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See additional notes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Medication</strong></th>
<th>15 minutes</th>
<th>(Slide 40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find out any medications taken by group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss importance of these medications and taking medicines at the correct time. Ask whether there are any questions about medicines taken. (Community pharmacist could do this session if available)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See additional notes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tea break – if running session in the afternoon**
Have tea, fruit juice and fruit for group.

<table>
<thead>
<tr>
<th><strong>Diabetes and your daily life</strong></th>
<th>25 minutes</th>
<th>(Slides 41–50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the following with the group:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your family</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Eating Out/Celebrations/Festivals</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>Smoking</td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Sexual Health</td>
<td>see additional notes</td>
<td></td>
</tr>
</tbody>
</table>
### Your family

**Get your family involved:**
- Shopping for healthy foods
- Cooking healthy meals
- Doing physical activities with you e.g. going for walks
- Having the same healthy lifestyle as you
- Being interested in your diabetes
- Listening and talking to you about how you're feeling

### Religion

**Religion**

Find out how many of the group fast for religious reasons. If some of the group do fast, then discuss fasting and looking after their diabetes.

**Discuss**
- Although people with diabetes may not be expected to fast we know that many of you will wish to fast. You should be able to fast safely as long as you talk to your doctor or nurse before you start your fast and agree a plan with them giving you advice on fasting; medicines and the end of the fast.

- If diabetes is treated by diet only, fasting should not cause any problems.

- If you take tablets you will need to check with your doctor or nurse about when to take your medicines and how much to take.

- At the end of the fast you may want to eat a lot of starchy food such as rice and have more sugary drinks. This will make your blood sugar rise so again talk to your doctor or nurse about what you should do.

### Driving

**Driving**

You must tell your motor insurance company that you have diabetes.

If you take tablets or insulin you must, by law, tell the DVLA. You can write to them at:

```
DVLA
Swansea
SA99 1TU
```

Ask if there are any questions about driving.
### Travel

Ask group about whether they ever travel abroad.

**Discuss tips for travelling. Include the following:**

- Keep to your usual meal, activity and medication routines as much as you can.
- Plan ahead for any changes to your meal times (when crossing time zones etc.)
- Keep your medicines and medical equipment with you when travelling
- Take extra medicines with you and prescriptions
- Keep food and some sort of sugar with you when travelling (biscuits, cereal bars, sandwiches, cartons of unsweetened fruit juice, glucose tablets, boiled sweets)
- Take a signed letter from your doctor with you explaining your treatment
- Know how to get emergency help in the country you are travelling to
- Money for the country you are going to so you can buy food and drink

Ask if there are any questions about travelling. Further information is available in Diabetes UK ‘Travel and Diabetes’ booklet.

### Employment

Discuss employment with the group e.g. what jobs they have; any difficulties because of their diabetes. Ask if there is anything they would like to talk about. Use the following information if applicable:

**Some jobs have blanket bans** e.g. Airline Pilot; Jobs requiring a Large Goods Vehicle (LGV) or Passenger Carrying Vehicle (PCV) license; Fire Service; Police Service; Train driving; Working at heights; Armed Forces

**At work** - be prepared to treat a hypo at work; let colleagues know how they can help

**Taking time off** - Try to arrange medical appointments for the same morning; give good notice of any absences you know about; keep your employer informed; don’t blame diabetes if you are off for any other reason; seek prompt medical attention.

**Applying for jobs** - if the application has a section about health write that you have diabetes. If there is no section on this, tell whoever interviews you at the end of the interview. Answer any queries about your diabetes honestly and positively. Show that you are in control of your diabetes.

### Eating out, Special occasions & Festivals

At many festivals or special occasions a larger variety of foods will be available. Discuss:

- How often group eat out, go to special occasions or festivals.
- Ask about the types of foods available.
- Discuss ways eating healthily even during these occasions.
- Recommend that they talk to their dietitian about special occasions, festivals and eating out, if they want further advice about these occasions.
**Alcohol**  
(Slide 49)

If you drink alcohol keep to sensible limits
- Men – maximum 4 units a day
- Women – maximum 3 units a day

Have at least 2 alcohol free days a week

**Smoking**  
(Slide 50)

Discuss risks of smoking & diabetes.
Smoking:
- damages you blood vessels
- increases your chances of a heart attack, stroke and damage to your feet or legs

Smoking and having diabetes increases the risk of the above by up to 4-9 times.

Discuss benefits of giving up smoking.
Arrange referrals to practice if applicable.

**Sexual health** – see additional notes

**Review of personal targets**  
5 minutes  
(Slide 51)
Ask how group managed; set new/keep targets same targets for next session.
Quick review of diaries, ask group to keep diaries for coming week and to bring to next session.

**10 minutes**  
(Slide 52)

Group discussion - anything they didn't understand; any further questions
Suggestions for next session from group
Date/time/venue for next week's session

Physical activity - engage group in some form of physical activity e.g. music and dancing

**Lunch** - if running session in morning.
Additional notes for session 2

1. Blood Sugar (Glucose) Testing
Explain to the group that keeping good control of blood sugar (glucose) levels and blood pressure (see below) greatly reduces the chances of developing the complications of diabetes.

Discuss the different types of testing:
- At home
- At the doctor's

**At home**
Explain that this gives an accurate picture of blood sugar at the time of the test.
Discuss how to do this – give a demonstration if possible.
Discuss when this should be done and how often.
Explain that the target is to have blood sugar (glucose) levels of:
- 4 – 7 mmol/l before meals
- Under 10 mmol/l after meals

Discuss the importance of learning how food, activity and medicines can affect your blood sugar (glucose).

Discuss getting occasional high or low results. Possible reasons include:
- Getting a high result after a hypo because you have eaten extra carbohydrate or glucose to treat it.
- Having an illness can affect the results.
- Extra physical activity can cause a low reading.
- Stress and hot weather can also affect the results.

However, if levels are consistently high or low you will need to talk to your doctor or nurse.

Discuss the importance of testing regularly even if all your tests are satisfactory over a long period of time and you are getting fed up doing it.

**At the doctor's (HbA1c)**
Explain that when you have a diabetes check up, a blood sample for the HbA1c is taken. This test is different to the one at home because it lets you know what your average blood sugar level has been over the past 3 months. A result of 7% or below is the target.
2. Looking after your feet

2.1 Why do I need to look after my feet?

Diabetes can cause damage to your feet and legs.

Spending a few minutes each day looking after your feet can help stop problems in the future.

2.2 How do I look after my feet?

There are 7 things you can do:

- Look at & feel your feet every day
- Wash your feet every day
- Be careful not to burn your feet
- Make sure your toenails are short
- Look out for corns and callous
- Check your shoes & socks before putting them on
- Don’t smoke

2.2.1 Looking at and feeling your feet

Look at your feet to see if there are any:

- Cuts
- Scratches
- Swellings

Or to see if the skin looks:

- inflamed
- discoloured

If you can’t see very well ask someone else to look for you.

Feel your feet for:

- lumps
- swellings
- hot or cold spots
What do I do if I find anything?
Contact your podiatrist or your doctor.

If it’s a cut or a scratch keep this clean until you can see your podiatrist or doctor. Make sure you rinse it with water and put a plaster on.

2.2.2 Wash your feet every day

- use lukewarm water and mild soap
- dry your feet well but gently
- don’t forget to dry between your toes
- put moisturising cream on your feet but not between your toes

2.2.3 Be careful not to burn your feet

Many people who have diabetes cannot feel heat, cold or pain very well in their feet.
Because of this you must be extra careful not to burn your feet.
- don’t put your feet too near a fire or against a radiator
- always check how hot your bath is by using your elbow before you get in
- be careful using hot water bottles
- remember to turn off an electric blanket before going to sleep

2.2.4 Keeping your toenails short

- cut your toenails straight across
- don’t cut or ‘dig’ into the corners of your nails

If you have any problems cutting your nails OR if there is reduced feeling or circulation in your feet ask your podiatrist for help.
If in doubt always ask for advice.

2.2.5 Corns and callous

Don’t try to treat yourself.
Don’t cut them.
Don’t use corn remedies
Always ask your podiatrist to treat these
2.2.6 Check your shoes and socks before putting them on

Check your shoes and socks or stockings for damage every time you put them on. Remember any cracks, small stones, broken toenails can irritate and damage your skin.

What type of shoes should I wear?

Lace-ups, with soft uppers are a good choice.
Always make sure that any shoes you wear are a good fit and are roomy at the toes (this lets your foot muscles work properly and stops your foot rubbing).
Always get your feet measured when buying shoes.
Wear new shoes for 1-2 hours at first.

2.2.7 Don’t smoke
Smoking can make circulation problems worse.
Ask for advice and leaflets on how to stop smoking at your health centre.

3. Medication
Discuss whether anyone in the group is currently taking medication for diabetes.

For those who are not currently taking medicines for diabetes
Explain that diabetes is a progressive disease and that at some point they may be prescribed tablets/insulin for their diabetes. It is therefore important to talk about medicines with everyone in the group.

For those who are taking medicines:
Make sure group members understand the medicines they are taking.
Discuss how sometimes it can be difficult for someone to take all their tablets regularly. Reasons include
- remembering to take the tablets (give advice on ways to do this)
- not understanding how the tablets help (explain this)
- side effects (discuss)
- feeling unwell (discuss)
Discuss diabetes tablets and other medicines
What to do if you forget to take a tablet
What to do when you are unwell
Explain to everyone that tablets are not used instead of diet and physical activity - you still need to have a healthy diet and be physically active to take control of your diabetes.

**Moving on to insulin**

Explain that even if you have a healthy diet and take your diabetes tablets there may come a time when your diabetes control is not as good as it was and your doctor will recommend insulin. Again mention that it is a progressive disease and it will change over time. About 30% of people with Type 2 diabetes treat it with insulin injections.

Discuss feelings about this - feeling scared, feeling guilty that they hadn't controlled their diabetes better etc.

Discuss any concerns about using insulin and your religious beliefs or if you are a strict vegetarian. Most insulin prescribed today is genetically engineered 'human' insulin, which doesn't involve the use of any animal or human products. Tell group that they should raise any concerns about the type of insulin prescribed with the doctor who prescribes it.

4. **Diabetes & your daily life**

**Sexual health** - as this is a sensitive topic you may feel that it is not appropriate to discuss this in a group setting. Ensure that information about this is given to the group in leaflet form with details of a confidential contact for further advice and help.
Overview of Session 3 – Taking Control of Your Diabetes (2)

Objectives of session 3
Objectives for this session are that participants will:
- Understand what a hypo & hyper are and how to treat these
- Know what to do when they are unwell
- Understand the feelings they may have and how to deal with these
- Have personal action plans to manage their diabetes

Plan for session 3
1. Welcome
   Feedback from previous session

2. Action – weight measurement

3. Topics covered in this session
   (a) Diabetes out of control
   Hypo
   Hyper
   Sick day rules
   When to get medical help

   (b) Diabetes and how you are feeling
   Depression
   Stress
   Loneliness

   (c) Personal action plans
   - included in appendix. Review of personal targets and setting of personal action plans (these will be reviewed in 6 months at the follow-up)
   Hand out knowledge and behaviour assessment questionnaire

* Tea break – if running session in afternoon

(d) Diabetes information
Where to find out more
4. **End of session**  
   *Group discussion*  
   *Follow up: 6 months*  
   *Evaluation of sessions*

   Physical activity

   * Lunch – if running session in morning

5. **Resources needed**

   *Trained interpreter*  
   *Weighing machine*  
   *Questionnaires*  
   *Evaluation sheets*  
   *Pencils/pens*  
   *Music & CD player*  
   *Laptop*  
   *Powerpoint projector*  
   *Flipchart & marker*  
   *Translated handouts*

   Fruit juice, glucose drinks & tablets in case someone has a hypo

   Tea, fruit juice & fruit for tea break OR Food & drink for lunch
## A quick guide to Session 3 - Taking Control of Your Diabetes

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
<th>Slides</th>
<th>Resources needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome everyone back, Feedback from previous session</td>
<td>10mins</td>
<td>Slides 53-54</td>
<td>Trained interpreter; laptop and power point projector; weighing machine</td>
</tr>
<tr>
<td>Weight Measurements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes out of control, discuss</td>
<td>20 mins</td>
<td>Slides 55-56</td>
<td>Translated handout</td>
</tr>
<tr>
<td>- Hypo</td>
<td>- Hyper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sick day rules</td>
<td>- When to get medical help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes and how you are feeling, group discussion</td>
<td>20mins</td>
<td>Slide 57</td>
<td>Flipchart &amp; marker</td>
</tr>
<tr>
<td>- Stress</td>
<td>- Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Loneliness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss with individuals their personal action plans. Hand out knowledge &amp; behaviour assessment questionnaires to be completed while discussing personal action plans with individuals.</td>
<td>25 mins</td>
<td>Slide 58</td>
<td>Personal action plans Questionnaires; pencils/pens</td>
</tr>
<tr>
<td>Tea break</td>
<td></td>
<td></td>
<td>Tea, fruit juice &amp; fruit</td>
</tr>
<tr>
<td>Diabetes information – where to find out more</td>
<td>5 mins</td>
<td>Slide 59</td>
<td></td>
</tr>
<tr>
<td>End of session</td>
<td>25 mins</td>
<td>Slide 60</td>
<td>Evaluation sheets Music &amp; CD player</td>
</tr>
<tr>
<td>Group discussion &amp; questions; Discuss follow up in 6 months Evaluation questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group physical activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td>Food and drinks</td>
</tr>
</tbody>
</table>

* include a tea break if running sessions in afternoon OR have lunch at the end of session if running sessions in the morning
**Session 3 – Taking Control of Your Diabetes (2)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 10 minutes | Welcome  
Feedback from previous session  
What we’re going to do today  
Action – weight measurements |
| 20 minutes | Diabetes out of control  
Hypo – explain what this is & symptoms, what can cause it and how to treat.  
Hyper – explain what this is & symptoms; what can cause it and how to treat.  
Sick day rules – explain that blood glucose goes up when you are ill; give examples of illnesses that can cause this; discuss the best way to keep diabetes under control during an illness.  
When to get medical help – discuss importance of getting help when unwell. |
| 20 minutes | Diabetes and how you are feeling  
Discuss feelings with group e.g. feelings they had when initially diagnosed; how they are feeling now.  
Explain stages that people go through when told they have a lifelong medical condition – denial; anger & fear; sadness & depression; feeling hopeful  
Also discuss: Stress can cause blood sugar to rise.  
   - Feelings of loneliness  
   - Stress & depression  
See additional notes |
| 25 minutes | Personal action plans  
Review targets set last week. Collect food and activity diaries  
Fill out personal action plans for each individual in the group - these will be reviewed at the 6 month follow-up.  
Hand out ‘Knowledge and behaviour assessment’ questionnaire and ask participants to complete while you are discussing personal action plans with each member of the group. |
**Tea break – if running session in the afternoon**
Have tea, fruit juice and fruit for group.

**Diabetes information**  
(Slide 59)
Where to find out more.  
Give details of Diabetes UK Scotland - phone number; web address.

**Group discussion – any final questions? anything that was difficult to follow.**

Explain that there will be a follow up in 6 months

Hand out evaluation sheets and ask participants to complete.

**Group Physical activity**

**Lunch – if running session in the morning**
Additional notes for session 3

1. Diabetes out of control

1.1 A Hypo - Low blood sugar (hypoglycaemia)

**Symptoms**

<table>
<thead>
<tr>
<th>Hungry</th>
<th>Trembling</th>
<th>Sweating</th>
<th>Tingling of the lips</th>
<th>Anxious</th>
<th>Irritable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fast heartbeat</td>
<td>Blurred vision</td>
<td>Paleness</td>
<td>Mood change</td>
<td>Can’t concentrate</td>
<td>Vague</td>
</tr>
</tbody>
</table>

**Causes**

<table>
<thead>
<tr>
<th>Not enough food</th>
<th>Too much insulin or too many tablets</th>
<th>Too much or unplanned exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed or missed meal or snack</td>
<td>Drinking alcohol without food</td>
<td>Sometimes there is no obvious cause</td>
</tr>
</tbody>
</table>

**Action**

<table>
<thead>
<tr>
<th>Straight away</th>
<th>Follow up (within 30 mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take one of the following:</td>
<td>To stop the blood glucose from dropping again, have one of the following:</td>
</tr>
<tr>
<td>• A glass of Lucozade or coke (not 'diet' drinks)</td>
<td>• A sandwich</td>
</tr>
<tr>
<td>• 3 or more glucose tablets</td>
<td>• Fruit</td>
</tr>
<tr>
<td>• 5 sweets e.g. barley sugar</td>
<td>• A bowl of cereal</td>
</tr>
<tr>
<td>• 1 glass of fruit juice</td>
<td>• Biscuits and milk</td>
</tr>
<tr>
<td>The exact amount will vary from person to person and will depend on circumstances</td>
<td>Or your next meal if it is due</td>
</tr>
</tbody>
</table>
1.2 A Hyper - high blood sugar (hyperglycaemia)

**Symptoms**

<table>
<thead>
<tr>
<th>Very thirsty</th>
<th>Hungry</th>
<th>Tired</th>
<th>Blurred vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry skin</td>
<td>Feeling sick</td>
<td>Needing to go to the loo a lot</td>
<td></td>
</tr>
</tbody>
</table>

**Causes**

| Too much food | Check your eating pattern. Talk to you dietitian. |
| Illness       | You may have a cold, throat, urine or chest infection. See your doctor to make sure it is treated. |
| Not enough insulin | Check that you have taken your doses correctly. If you have, see your doctor to talk about your medicines. |
| Stress        | Try to reduce stress in your life, talk to your doctor or nurse about this. |

1.3 Sick day rules

Illness and infections will raise your blood sugar levels - even if you're not eating as much or are being sick.

* e.g. colds, bronchitis and flu
  * vomiting and diarrhoea
  * urinary infections
  * skin infections

**What to do when you’re ill:**

- Don’t stop taking your tablets or insulin
- Drink lots of unsweetened fluids
- Try to have some sort of carbohydrates
- Test your blood sugar

**When to get medical help**

You will need to call your doctor or nurse if:

- You are vomiting or not able to keep your tablets down
- Your blood sugar levels remain high or low
- You don’t improve quickly or you are worried

**Easy-to-eat carbohydrates when you’re feeling unwell:**

- Milky drinks
- Soup
- Ice-cream
- Drinking chocolate
- Squash or fizzy drinks
2. Diabetes and how you are feeling

2.1 Talk with the group about the different feelings you may have as you come to terms with having diabetes.
   - Denial
   - Anger and fear
   - Sadness and depression
   - Loneliness

Explain that these feelings can cause stress. Stress can make your blood sugar go up.

Suggest some ways to work through your feelings:

   - Learn as much as you can about diabetes
   - Talk to friends & family or other people with diabetes
   - Talk to those looking after your diabetes e.g. doctor, nurse
   - Do something active most days

2.2 Discuss stress and depression in more detail, include the following:

   **Stress**
   Know the symptoms of stress – key indicators
   Managing stress
   Stress and unhealthy behaviours – smoking, drinking alcohol, over-eating
   Learning to relax

   **Depression**
   Know the symptoms of depression
   Managing depression
   When to get help for depression

2.3 Find out if anyone in the group would like help in dealing with stress or depression.
Appendices

1. Translation/Interpreting services

2. Resources:
   - Pre-education questionnaire
   - Post-education questionnaire
   - Evaluation sheet
   - Personal record cards
   - Food & activity diary
   - Personal action plans

3. Ordering information for handouts etc.
   - South Asian Balance of Good Health Poster
   - Translated diabetes materials

4. Glossary

5. References
Appendix 1 - Interpreters

Before you book an interpreter find out:
- Which language and any specific dialects of the group
- Any gender requirements/cultural needs of the group

Tell the interpreting service/the interpreter:
- That it is a group structured education programme - preferable to have an interpreter with some experience of interpreting in a group setting
- That you will need the same interpreter for all 3 sessions and the expected length of each session
- What the purpose of the group is and that you will be discussing diabetes (Arrange for materials about diabetes to be sent to the interpreter before the sessions if required)

Before the first session
- Meet with the interpreter shortly before the start of the session to brief them on what they will be required to interpret, check they understand about diabetes and any terminology you will be using e.g. hypo. Make sure they are comfortable with any sensitive or cultural issues that may arise during the group
- Define the interpreter’s role and responsibilities

During the sessions
- Check seating arrangements - make sure everyone can see each other
- Speak directly to the group, not the interpreter
- When someone in the group is speaking show, by your body language, that you are listening
- Speak in manageable chunks, make sure you give the interpreter enough time to translate
- Use as much straightforward language as you can - avoid jargon

Remember to check:
- That the interpreter understands the purpose of the group sessions
- That you are using simple jargon-free language
- That the interpreter is translating exactly what you and members of the group are saying
- That you are allowing the interpreter enough time to translate
Where to find an interpreter

Aberdeen City Council Public Interpreting and Translation Service
Community Development Department, St Nicholas House,
Broad Street, Aberdeen AB10 1GZ
Telephone: 01224 523542
Fax: 01224 522832
E-mail: Fnacef@commdev.aberdeen.net.uk
Web: www.aberdeencity.gov.uk

Dundee Translation and Interpreting Services
Central Library, The Wellgate Centre, Dundee
Telephone: 01382 431563
Fax: 01382 431542
E-mail: lesley.johnstone@dundeecity.gov.uk

Edinburgh - The Interpretation and Translation Service
Central Library, George IV Bridge, Edinburgh, EH1 1EG
Telephone: 0131 242 8181
Fax: 0131 242 8009
E-mail: van.dundas@edinburgh.gov.uk

Falkirk Council (Interpreting Services are currently provided by contract)
Municipal Building, Falkirk, FK1 5RS
Telephone: 01324 506012
Fax: 01324 506253
E-mail: Shamime.Mansoori@falkirk.gov.uk

Fife Community Interpreting Service
Room 319, Glenrothes House, Glenrothes, Fife KY7 5PB
Telephone: 01592 611 745
Fax: 01592 612 722
E-mail: fcis@fcis.fsbusiness.co.uk info@fcis.org.uk
Web: www.fcis.org.uk

Glasgow Interpreting Services
39 Napiershall Street, Glasgow, G20 6EZ
Telephone: 0141 341 0019
Fax: 0141 334 7276
E-mail: serjinder.singh@sw.glasgow.gov.uk
Appendix 2 – Resources

1. Your diabetes questionnaire 1 (pre-education)
2. Your diabetes questionnaire 2 (post-education)
3. Weekly food and activity diary
4. Personal health records
5. Evaluation sheet
6. Personal action plans
Your diabetes questionnaire (1)

Name

Name of person who filled in the form (if not you)

About the form

We want to find out what you know as this will help us manage your health better.

Be honest and try to answer all the questions.

If you don’t understand a question please ask for help.

How to fill in the form:
If there is a box please tick your answer ✓

If there are numbers please circle the number 2
1. How good is your knowledge of diabetes? (please ✓ your answer)

| 😊 | Very good |
| 🙁 | Good |
| 😞 | OK |
| 😞 | Not very good |
| 😞 | I don't know anything about diabetes |

2. Do you know the symptoms of diabetes? Yes ☐ No ☐ Please ✓ your answer

If yes, write down the symptoms you know about.

3. Please tell us anything else you know about diabetes.

4. Do you know what a 'hypo' is? Yes ☐ No ☐ Please ✓ your answer

5. How much do you know about a hypo? Please ☑ your answer

<table>
<thead>
<tr>
<th>A lot</th>
<th>Quite a lot</th>
<th>Not sure</th>
<th>Not very much</th>
<th>Nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
6. Please ✓ the answer that best describes you

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to manage a hypo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I'm not sure of how to manage a hypo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don't know how to manage a hypo</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Please tell us what you know about a hypo is and how you would manage it.

8. Tell us if you think the statements below are true or false. Please □ the number.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A carefully planned diet is one way that can help you manage your diabetes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Eating too much sugar causes diabetes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>People with diabetes should not be physically active</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

9. Diabetes is a life long condition that can lead to other health problems. Please tell us any health problems you think it might cause.
10. How good do you think your diabetes control is?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>✔️</td>
</tr>
<tr>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>OK</td>
<td></td>
</tr>
<tr>
<td>Not very good</td>
<td></td>
</tr>
<tr>
<td>Not good at all</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

11. Please tell us the things you would like to know more about.

Thank you for completing the form
Your diabetes questionnaire (2)

Name

Name of person who filled in the form (if not you)

About the form

We want to find out what you know after taking part in the Healthy Living Programme. This will help us manage your future care.

The questions are like the ones you filled in at the start of the sessions.

Be honest and try to answer all the questions you can.

If you don't understand a question please ask for help.

How to fill in the form:
If there is a box please tick your answer ✓

If there are numbers please circle the number 2
1. How good is your knowledge of diabetes? (please ☑ your answer)

| ☑ | Very good |
| ☐ | Good       |
| ☐ | OK         |
| ☐ | Not very good |
| ☐ | I don’t know anything about diabetes |

2. Do you know the symptoms of diabetes?  Yes ☐ No ☐ Please ☑ your answer

If yes, write down the symptoms you know about.

3. Please tell us anything else you know about diabetes.

4. Do you know what a ‘hypo’ is?  Yes ☐ No ☐ Please ☑ your answer

5. How much do you know about a hypo?  Please ☐ your answer

<table>
<thead>
<tr>
<th>A lot</th>
<th>Quite a lot</th>
<th>Not sure</th>
<th>Not very much</th>
<th>Nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
6. Please ☑ the answer that best describes you

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to manage a hypo</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I’m not sure of how to manage a hypo</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I don’t know how to manage a hypo</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

7. Please tell us what you know about a hypo is and how you would manage it.

8. Tell us if you think the statements below are true or false. Please ☐ the number.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A carefully planned diet is one way that can help you manage your diabetes</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>Eating too much sugar causes diabetes</td>
<td>1</td>
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<td>People with diabetes should not be physically active</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

9. Diabetes is a life long condition that can lead to other health problems. Please tell us any health problems you think it might cause.
10. Following the healthy living sessions, which statements best describe you?

<table>
<thead>
<tr>
<th>Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I am more physically active</td>
<td></td>
</tr>
<tr>
<td>I am planning to take up some form of regular physical activity</td>
<td></td>
</tr>
<tr>
<td>There is no change in my physical activity</td>
<td></td>
</tr>
<tr>
<td>I have changed my eating habits</td>
<td></td>
</tr>
<tr>
<td>I am planning to change my eating habits</td>
<td></td>
</tr>
<tr>
<td>I am not changing my eating habits</td>
<td></td>
</tr>
</tbody>
</table>

11. How good do you think your diabetes control is?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>😊</td>
<td>Very good</td>
<td></td>
</tr>
<tr>
<td>😕</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>😞</td>
<td>OK</td>
<td></td>
</tr>
<tr>
<td>😞</td>
<td>Not very good</td>
<td></td>
</tr>
<tr>
<td>😞</td>
<td>Not good at all</td>
<td></td>
</tr>
<tr>
<td>🤔</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

12. Please tell us the most useful thing you have learned from the sessions.

Thank you for completing the form
# My health - record card

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Height</th>
<th>Weight</th>
<th>Waist</th>
<th>Blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## My personal targets

### Week 1

<table>
<thead>
<tr>
<th><strong>Food target</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How I did</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What made it hard</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What helped me</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical activity target</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How I did</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What made it hard</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What helped me</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td><strong>Food target</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Physical activity target</strong></td>
<td></td>
</tr>
<tr>
<td>How I did</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What made it hard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What helped me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Food target</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Physical activity target</strong></td>
<td></td>
</tr>
<tr>
<td>How I did</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What made it hard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What helped me</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Fill in everything you eat or drink. Try and write in how much you had e.g. 1 cup of tea, 1 can of coke, 2 chapattis, 1 portion of rice etc. Don’t forget to include snacks and any alcohol. Remember to also write about any extra physical activity you do each day.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks during morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks during afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snacks during evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evaluation sheet & personal action plans to be inserted.....
Appendix 3 - How to order the resources

1. South Asian Balance of Good Health Poster
   Copies are available from John McCormick & Co. Ltd.
   Telephone: 0141 429 9405
   Quote reference number: 9021 09/04

2. Healthy Eating: Eastern and Western food ideas
   Vegetarian and non-Vegetarian Meal plans
   Available in English,
   Copies are available from.
   Telephone:

3. Diabetes UK translated materials
   What is diabetes? free
   9500 English 9501 Bengali 9502 Gujarati 9503 Urdu 9504 Hindi 9505 Punjabi 9506 Chinese
   How Diabetes UK can help you free
   9507 English 9508 Bengali 9509 Gujarati 9510 Urdu 9511 Hindi 9512 Punjabi 9513 Chinese
   Hypoglycaemia free
   9514 English 9515 Bengali 9516 Gujarati 9517 Urdu 9518 Hindi 9519 Punjabi 9520 Chinese
   Managing diabetes free
   9521 English 9522 Bengali 9523 Gujarati 9524 Urdu 9525 Hindi 9526 Punjabi 9527 Chinese
   Healthy lifestyle, fasting and diabetes free
   9528 English 9529 Bengali 9530 Gujarati 9531 Urdu 9532 Hindi 9533 Punjabi 9534 Chinese
   Diabetic complications free
   9535 English 9536 Bengali 9537 Gujarati 9538 Urdu 9539 Hindi 9540 Punjabi 9541 Chinese
   CVD and kidney disease free
   9542 English 9543 Bengali 9544 Gujarati 9545 Urdu 9546 Hindi 9547 Punjabi 9548 Chinese
Your eyes and diabetes free
9549  English 9550 Bengali 9551 Gujarati 9552 Urdu 9553 Hindi 9554 Punjabi
9555  Chinese

Ramadan and diabetes free
9556  English 9557 Bengali 9558 Gujarati 9559 Urdu 9560 Punjabi

Nerve damage and diabetes free
9561  English 9562 Bengali 9563 Gujarati 9564 Urdu 9565 Hindi 9566 Punjabi
9567  Chinese

Pregnancy and diabetes free
9568  English 9569 Bengali 9570 Gujarati 9571 Urdu 9572 Hindi 9573 Punjabi
9574  Chinese

Treating with insulin/tablets free
9575  English 9576 Bengali 9577 Gujarati 9578 Urdu 9579 Hindi 9580 Punjabi
9581  Chinese

A guide for African-Caribbean people – your key to better health  free
A concise introduction to diabetes and its treatment, including clear dietary guidance to help you follow a healthy and active lifestyle. 8027

How to order

To order please contact Diabetes UK Distribution:

Ordering
You can order immediately and check stock availability by calling free on 0800 585 088. Alternatively, cheques should be made payable to Diabetes UK Services Ltd and sent with an order form (available from website - www.diabetes.org.uk ) to: Diabetes UK Distribution, PO Box 1057, Bedford MK42 7XQ.
Appendix 4 - Glossary (words you might hear)

Blood sugar (glucose) level. The amount of sugar (glucose) in the blood.

Blood glucose meter. A device that measures how much sugar (glucose) is in the blood.

Blood glucose monitoring. Checking how much sugar (glucose) is in the blood.

Carbohydrates. Starchy foods including: breads, chapattis, cereals; pasta, rice, and grains.

Cardiovascular Disease. Damage to the heart and blood circulation caused by fatty deposits on the linings of the blood vessels.

Complications of diabetes. The harmful effects that may happen when a person has diabetes, e.g. harm to your eyes, problems with your feet and legs; damage to your kidneys; problems with your heart; a stroke.

Diabetic Coma. A severe emergency where a person is not conscious because his or her blood glucose is too low or too high.

Diabetic ketoacidosis (DKA). This can happen if there is not enough insulin in the body because of illness, incorrect doses of insulin, or missing insulin injections. Symptoms include fruity smelling breath, deep and rapid breathing, stomach pain, nausea, vomiting, and sleepiness. DKA can lead to coma and death if not treated promptly.

Diabetes Specialist Nurse (DSN). A nurse who is specially trained to look after your diabetes.

Dietitian. Someone who can give you help and advice about eating healthily.

Fast-acting glucose. Foods containing simple sugar that are used to raise blood glucose levels quickly during a hypo.

Glucagon. A hormone that raises the level of glucose (sugar) in the blood. It can be given by injection to treat severe hypoglycaemia.

Glucose. A simple sugar found in the blood. It is the body’s main source of energy.

Glucose tablets or gel. Special products that give a pre-measured amount of pure glucose. They are fast-acting and can be used to treat hypoglycaemia.

HbA1c. A blood test done by your doctor to check how your blood sugar levels have been over the past 3 months.
Hormone. A chemical produced by an organ that travels in the blood to affect other organs.

Hyper (Hyperglycaemia). High blood sugar (glucose). Can be caused by too much food; not enough insulin; illness; stress. Symptoms include thirst, going to the toilet a lot, blurred vision, and fatigue.

Hypo (Hypoglycaemia). Low blood sugar (glucose). Can be caused by too much exercise, too much insulin; not enough food; delayed or missed meal; drinking alcohol without food. Symptoms include feeling shaky, having a headache, or being sweaty, pale, hungry, or tired.

Insulin. A hormone produced by the pancreas that helps the body use sugar (glucose) for growth and energy.

Insulin injections. Putting insulin into the body with a needle and syringe or an insulin pen.

Insulin pen. A pen-like device used to put insulin into the body.

Insulin pump. A device that delivers a continuous supply of insulin. The insulin is delivered in a steady, measured dose through a system of plastic tubing (infusion set). Most infusion sets are started with a guide needle, then the plastic cannula (a tiny, flexible plastic tube) is left in place, taped with dressing, and the needle is removed.

Insulin resistance. A condition in which the body does not respond normally to the action of insulin. Many people with type 2 diabetes have insulin resistance.

Ketoacidosis. See Diabetic ketoacidosis.

Ketones (ketone bodies). Chemicals that the body makes when there is not enough insulin in the blood and the body must break down fat for its energy. Ketones can poison and even kill body cells. When the body does not have the help of insulin, ketones build up in the blood and “spill” over into the urine so that the body can get rid of them. Ketones that build up in the body for a long time lead to serious illness and coma. See also: Diabetic ketoacidosis.

Kidney. Filters waste products out of the blood into the urine.

Lancet. A fine, sharp-pointed needle used by people with diabetes for pricking their skin to obtain a sample of blood for blood glucose monitoring.

Metabolism. The term for the way cells chemically change food so that it can be used to keep the body alive.

Nephropathy. Damage to the kidneys.

Neuropathy. Damage to the nerves in your body.
**Optometrist.** Based in the opticians, they test your eyes and fit glasses. Many are also trained to do retinopathy screening.

**Pallor.** Abnormal paleness of the skin.

**Palpitations.** Abnormally rapid or violent beating of the heart.

**Pancreas.** The organ behind the lower part of the stomach that makes insulin.

**Pharmacist.** Based in the chemist's, they give you the medicines prescribed by your doctor. They can also give you lifestyle advice and carry out medication reviews.

**Podiatrist.** The person who manages foot problems caused by diabetes.

**Retinopathy.** This affects the blood vessels for the retina. These can become blocked, leaky or grow haphazardly.

**Syringe.** A device used to inject medications such as insulin into body tissue.

**Test strips.** Specially designed strips used in blood glucose meters or in urine testing.

**Urine ketone testing.** Measuring the level of ketones in the urine.
Appendix 5 - References