DIVING AND DIABETES

Section A. To be completed by the diver

The basis for this project is to try and assess whether diving and diabetes is actually safe. Many people worldwide believe it is not. This study is the only one of its kind gathering these types of data. We appreciate you may have a reluctance to complete some sections of this questionnaire. However we would encourage you to complete each section to the best of your ability. It is vital we have a better understanding of how you dive and any problems you may encounter, which may or may not be related to diabetes. The long-term aim of this study is to provide evidence that divers with diabetes can scuba dive. All the answers which you provide will be treated in the strictest confidence and no references to any named individuals will occur.

GENERAL INFORMATION: name and address details IN CAPITAL LETTERS PLEASE

<table>
<thead>
<tr>
<th>Name of diabetic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of diabetic</td>
<td></td>
</tr>
<tr>
<td>Home phone/fax number</td>
<td></td>
</tr>
<tr>
<td>Work phone/fax number</td>
<td></td>
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<tr>
<td>Email address</td>
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</tbody>
</table>

Medical personnel: name and address details IN CAPITAL LETTERS PLEASE

<table>
<thead>
<tr>
<th>Name of physician in charge</th>
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<tbody>
<tr>
<td>Address of physician in charge</td>
<td></td>
</tr>
<tr>
<td>Phone/fax of physician in charge</td>
<td></td>
</tr>
<tr>
<td>Name of general practitioner</td>
<td></td>
</tr>
<tr>
<td>Address of general practitioner</td>
<td></td>
</tr>
<tr>
<td>Phone/fax of general practitioner</td>
<td></td>
</tr>
<tr>
<td>Name of medical referee</td>
<td></td>
</tr>
<tr>
<td>Address of medical referee</td>
<td></td>
</tr>
<tr>
<td>Phone/fax of medical referee</td>
<td></td>
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</tbody>
</table>

GENERAL INFORMATION cont. Please circle or tick each answer as appropriate

<table>
<thead>
<tr>
<th>Gender</th>
<th>Height (cm)</th>
<th>Affiliation</th>
<th>Date of birth</th>
<th>Weight (kg)</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td></td>
<td>BSAC</td>
<td>DD MM YY</td>
<td></td>
<td>Number &amp; branch</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>SAA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td></td>
<td>SSA</td>
<td></td>
<td></td>
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<tr>
<td>F</td>
<td></td>
<td>Other</td>
<td></td>
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</tbody>
</table>

Are you new to the sport Yes No
If yes go to question 5

Please circle “a” (all the year round) or “b” (only in the summer) for the response below as appropriate:

Do you dive:
- UK a b
- Abroad a b

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### Diving Information

1. Year of first dive

2. How many dives have you made in your diving career
   - 0 - 10 metres
   - 11 - 20 metres
   - 21 - 30 metres
   - More than 30 metres

3. Date of last dive
   - DD
   - MM
   - YY

4. Number of dives with a compulsory deco stop
   - ..........

4a. What is the maximum depth you have dived in the last 12 months
   - ..........

4b. If you have been an active diver in the last 12 months please tell us how many dives at each depth range
   - Air
   - Nitrox
   - Trimix

4c. What bottom mix gas do you mainly use? (circle as appropriate)

### Health Information - Please circle or tick each answer as appropriate

5. Have you been admitted to hospital for a diabetic condition in the last 12 months? If yes, please tell us about it on page 5
   - Yes
   - No

6. Have you experienced any episodes of hypoglycaemia in the last 12 months and in what circumstances did these occur? If yes please tell us about it on page 5
   - Yes
   - No

7. Have you had an annual checkup at the diabetic clinic involving eyes, nervous system, kidneys and glycosylated haemoglobin or fructosamine level
   - Yes
   - No

8. What portable glucometer do you use and how often do you calibrate it
   - Name/Make
   - Calibration

9. Who undertakes the majority of your diabetic care
   - Hospital
   - GP

10. Do you check blood glucose pre and post dive
    - Always
    - Sometimes
    - Never

11. Do you eat or drink as appropriate pre dive
    - Yes
    - No

12. Have you had any incidents due to low blood sugar in the last year? If yes please explain the circumstances and the outcome on page 5
    - Yes
    - No

13. Please give the year when diabetes was first diagnosed and under what circumstances, you can give details on page 5

14. Do you smoke cigarettes
    - Yes
    - No
    - If yes please indicate how many a day

14a. How many

15. Do you regularly consume alcohol
    - Yes
    - No
    - If yes please indicate you average weekly consumption

15a. How much

One unit = half pint of beer, lager or cider, or one measure of spirits or vermouth, or one glass of wine or sherry

16. Women only to answer this question. Does the control of your diabetes differ in relation to your menstrual cycle? If yes please tell us how on page 5
    - Yes
    - No

17. Do you take fluids before you dive
    - Yes
    - No
We recommend you carry the following in your dive kit:
- Oral glucose tablets or a tube of glucose paste
- Emergency intramuscular injection of glucagon
- Glucose oxidase sticks together with the necessary glucometer kit and CLEAR instructions for the use of such a kit

18. Do you carry all or any of the above with you to the dive site or on the boat, please indicate by putting a circle round your answer

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
<td>c</td>
</tr>
</tbody>
</table>

19. Is there always someone in the dive party who is able to use and administer the glucose tablets and intramuscular injection of glucagon, should this be required

| Yes | No |

20. What do you carry in the form of glucose underwater - please define (eg. Mars Bar, Hypostop)

21. Do you know how to use glucose paste underwater

21a If yes when did you last practice

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 6 months</td>
<td>6 to 12 months ago</td>
</tr>
</tbody>
</table>

21b If you have practiced using glucose paste underwater, how successful was the exercise

| Successful | Not successful |

22. Have you or your buddy experienced any problems of any nature during the course of the diving in the last 12 months? If yes please give us details on page 5

| Yes | No |

23. Do you consider that your diabetes has had any adverse effect on you or your buddy’s diving during the last 12 months? If yes please give details on page 5

| Yes | No |

24. Do you dive with the same buddy all the time

| Yes | No |

25. How well informed is your buddy (regular or otherwise) about your condition

| Very well | Adequately | Not well |

26. How well informed is your club about your condition

| Very well | Adequately | Not well |
| In the last 6 months | 6 to 12 months ago | More than 12 months ago |

26a. When did you last give a lecture to your club on diabetes

Section B. To be completed by the Physician-in-charge

LONG-TERM DIABETIC CONTROL - Please circle or tick each answer as appropriate

1. What is the diabetic's medication regime

2. When was the medication last changed

<p>| In the last 6 months | 6 to 12 months ago | More than 12 months ago |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Have any episodes of hypoglycaemia occurred in the last year and in what circumstances did these occur?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes please indicate when, and tell us about it on page 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has the diabetic been hospitalized within the last year for any condition relating to diabetes?</td>
<td></td>
<td></td>
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<tr>
<td>If yes please indicate the date and tell us about it on a separate piece of paper</td>
<td></td>
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<tr>
<td>5. What is the current %HbA1c or fructosamine level and please give the normal range for your readings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. When was the test performed</td>
<td>In the last 6 months 6 to 12 months ago More than 12 months ago</td>
<td></td>
</tr>
<tr>
<td>6. Is microalbuminuria present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a. When was the test performed</td>
<td>In the last 6 months 6 to 12 months ago More than 12 months ago</td>
<td></td>
</tr>
<tr>
<td>7. What degree of retinopathy is present</td>
<td>None Mild background Proliferative</td>
<td></td>
</tr>
<tr>
<td>7a. When was this last checked</td>
<td>In the last 6 months 6 to 12 months ago More than 12 months ago</td>
<td></td>
</tr>
<tr>
<td>7b. Has this person ever had laser treatment to the eyes</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>8. Is any degree of sensory or autonomic neuropathy present (a check for the latter may be made by looking for R-R variation in the ECG as a Valsalva manoeuvre is performed; if there is no variation then a degree of autonomic neuropathy may be present.</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>8a. When was this last checked</td>
<td>In the last 6 months 6 to 12 months ago More than 12 months ago</td>
<td></td>
</tr>
<tr>
<td>9. Is any degree of coronary, vascular or microvascular disease present</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>10. Do you consider this person’s level of diabetic control to be satisfactory</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>11. Do you consider that this person is mentally and physically fit to undertake a sport that involves a degree of stress and exertion</td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES TO THE PHYSICIAN-IN-CHARGE**

Question 6 “Is microalbuminuria present?” “When was the test performed?” It is recommended this test be performed or the application may be rejected. References given on page 5 illustrate the cost-effectiveness of this screening test.

Question 9 “Is any degree of coronary, vascular or microvascular disease present?” If possible an exercise ECG is recommended for diabetic divers over the age of 50.

**PLEASE BE KIND ENOUGH TO COMPLETE PAGE 5 – THANK YOU**
Your cooperation in completing this form is greatly appreciated by the UK Sport Diving Medical Committee.
Please ensure you obtain all the required signatures – Thank you

Signature of the physician in charge

Name (print)

Date

Hospital/practice stamp

Signature of the medical referee

Name (print)

Date

The diabetics signature

Name (print)

Signature of Branch DO

Name (print)

References


INSTRUCTIONS TO THE DIABETIC DIVER

Please also complete the general health diving questionnaire (UK Sport Diver Medical Form) attached to this questionnaire – you complete section A and your Dr completes section B.

1. Please allow adequate time before you require your medical certification renewal for signatures to be obtained and for Dr. Edge to reply to you.
2. Answer all the questions in section A to the best of your ability by writing answers clearly or circling or ticking the appropriate responses.
3. Take this whole form to your physician in charge for him/her to complete and sign section B.
4. Obtain the signatures of your diving medical referee (see point 6) and also your Branch DO (if you dive in a club in which the Diving Officer is responsible for the diving undertaken).
5. Send the whole form back to Dr Chris Edge, The Stone Barn, Gravel Lane, Drayton, Nr Abingdon, Oxon. OX14 4HY, United Kingdom..
6. If you have any queries, then either telephone your nearest diving medical referee (telephone BSAC HQ on 0151 350 6200 for a list or point your web browser at www.bsac.org and follow the hyperlinks) or contact Dr. Chris. Edge on tel. 01235 529888, fax 08700 525414, email cjedge@diver.demon.co.uk.

In due course Dr Edge or Dr Bryson will send you section C that you should then give to your Branch diving officer. This becomes part of your Certificate of Fitness to Dive.

SPACE FOR FURTHER DETAIL AS REQUIRED