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TECHNICAL REPORT

THE DIABETES BEHAVIOURAL DIAGNOSIS INSTRUMENT (DBDI):

Development Of An Instrument In Enhancing Healthy Lifestyles Among Type 2 Diabetes Mellitus (T2DM) Patients



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TECHNICAL REPORT

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DEDICATION

This study is devoted by the research team to the accomplishment of our objective(s). We anticipate that the findings of this study will assist healthcare providers in improving current flow and patients in improving their quality of life.



THE DIRECTOR OF IHBR

We are immensely grateful for the opportunity to deliver this technical report as an official publication of the Institute for Health Behavioural Research (IHBR). Congratulations to the highly devoted team members for their dedication and commitment from the inception until the publication of this research. Their continuous efforts and hard work made this research and report possible. The ultimate goal of this study is to develop an instrument that can assess behavioural domains in an effort to improve the current practices in diabetes treatment, especially among T2DM patients. This report provides an in-depth explanation of the development process of an instrument via a study that involved both qualitative and quantitative methods.

Jahr.

Dr. Manimaran Krishnan

Director of Institute for Health Behavioural Research

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First and foremost, praises and thanks to the Almighty God, for His blessings throughout the preparation and completion of the technical report "The Diabetes Behavioural Diagnosis Instrument (DBDI): Development of Instrument in Enhancing Healthy Lifestyle among Type 2 Diabetes Mellitus (T2DM) Patients".

The research team would like to extend our utmost appreciation to the Director General of Health for the permission to publish this report. Special thanks to Dr. Manimaran Krishnan, the Director of the Institute for Health Behavioural Research, for his vision and support that culminated in this report.

This report was also greatly assisted by the many bodies and individuals, including all the health authorities and patients who participated in this study. Their contributions are highly acknowledged and appreciated.

Last but not least, our deepest thanks to all the research team members for their effort and determination in producing this report. This is the result of all the hard work and challenges throughout the preparation and completion of this report.

May God bless you all.

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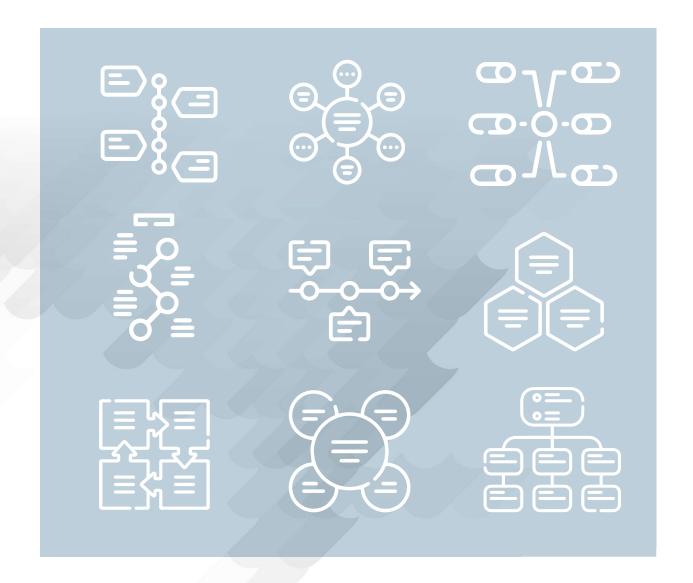
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LIST OF ABBREVIATIONS

Acronym	2	Description
T2DM	•	Type 2 Diabetes Mellitus
WHO	•	World Health Organization
NHMS	•	National Health and Morbidity Survey
NGO	•	Non-Governmental Organisation
МОН	•	Ministry of Health
CPG	•	Clinical Practice Guideline
DBDI	•	Diabetes Behavioural Diagnosis Instrument
DSMQ	•	Diabetes Self-Management Questionnaire
GM	•	Glucose management
SDSCA	•	Diabetes Self-Care Activities Measure
heiQ	•	The Health Education Impact Questionnaire
IDI	•	In-Depth Interview
FGD	•	Focus Group Discussion
НСР	•	Healthcare Provider
SMBG	•	Self-Monitoring Blood Glucose
ВР	•	Blood Pressure
HbA1c	•	Haemoglobin A1c
FMS	•	Family Medical Specialist
MTAC	•	Medication Therapy Adherence Clinic
MNT	•	Medical Nutrition Therapy
DM	•	Diabetes Mellitus
DE	•	Diabetic Educator
ТСМ	•	Traditional and Complementary Medicine
TCA	•	To Come Again
СВТ	•	Cognitive Behavioural Therapy
QR code	•	Quick Response code
EFA	•	Exploratory Factor Analysis
	•	Confirmatory Factor Analysis
CVI	•	Content Validity Index
I-CVI	•	Item Level Content Validity Index
	•	Scale Level Content Validity Index
	•	National Medical Research Registry
	•	Body Mass Index
SD	•	Standard Deviation



EXECUTIVE SUMMARY

This project was fully funded by the Ministry of Health Malaysia (MOH) (NMRR-19-862-46635). Ethical clearance was obtained from the MOH Malaysia [(KKM/ NIHSEC/P19-1453(7)]. It was completed within two years.

This report aims to provide an overview of the process involved in developing the tool for evaluating the self-management of T2DM patients in the form of a questionnaire. The study was divided into two phases: 1. Exploring the domains involved in the self-management of T2DM patients and 2. Developing the items as indicators to measure T2DM patients' cognitive, affective, and skills concerning diabetes care to be included in the final tool, i.e. Diabetes Behavioural Diagnosis Instrument (DBDI).

This report is meant to enlighten policymakers, stakeholders, funding agencies, and all who are invested or interested in this topic. We hope that the dissemination of this report can contribute towards the development of effective health interventions and behaviour modification for self-care among T2DM patients to improve their quality of life.

More importantly, this instrument can be incorporated into the clinical practice guidelines as a standard behavioural diagnosis for Type 2 DM patients to be used by the Diabetic Resource Centre in primary healthcare and hospital settings for effective personalised health behavioural interventions.







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