### Additional file 2: Knowledge, Attitude and Practice Survey Pre-test

1. Icebreaker
2. Icebreaker
3. Where do you work?

|  |
| --- |
| 1. Aboriginal Medical Service
 |
| 1. WA Country Health Service
 |
| 1. GP clinic
 |
| 1. Private practitioner
 |
| 1. Home and Community Care
 |
| 1. Medicare local
 |
| 1. Other
 |

1. What sex are you?

|  |
| --- |
| 1. Male
 |
| 1. Female
 |

1. Are you Aboriginal or Torres Strait Islander?

|  |
| --- |
| 1. Aboriginal
 |
| 1. Torres Strait Islander
 |
| 1. Aboriginal Torres Strait Islander
 |
| 1. No
 |

1. What is your primary job role?

|  |
| --- |
| 1. Aboriginal Health Worker
 |
| 1. Nurse
 |
| 1. Doctor
 |
| 1. Allied Health
 |
| 1. Home & Community Care
 |
| 1. Podiatrist
 |
| 1. Non-clinical
 |
| 1. Other
 |

1. What age bracket do you fit into?

|  |
| --- |
| 1. 18-24
 |
| 1. 25-34
 |
| 1. 35-44
 |
| 1. 45-54
 |
| 1. 55-64
 |
| 1. 65+
 |

1. How many years have you worked in Health?

|  |
| --- |
| 1. 0-4
 |
| 1. 5-9
 |
| 1. 10-14
 |
| 1. 15-19
 |
| 1. 20-24
 |
| 1. 25-29
 |
| 1. 30+
 |

1. Did you receive your training in health in

|  |
| --- |
| 1. Metro Australia
 |
| 1. Rural Australia
 |
| 1. Overseas
 |

1. Diabetic foot problems are a serious problem in my community. Do you?

|  |
| --- |
| 1. Strongly Agree
 |
| 1. Agree
 |
| 1. Neutral
 |
| 1. Disagree
 |
| 1. Strongly Disagree
 |

1. Only a podiatrist can assess feet properly…..do you

|  |
| --- |
| 1. Strongly Agree
 |
| 1. Agree
 |
| 1. Neutral
 |
| 1. Disagree
 |
| 1. Strongly Disagree
 |

1. How many pulses do you palpate in each foot?

|  |
| --- |
| 1. One
 |
| 1. Two
 |
| 1. Three
 |
| 1. Four
 |
| 1. Don’t know
 |

1. A foot ulcer is serious.

|  |
| --- |
| 1. Strongly Agree
 |
| 1. Agree
 |
| 1. Neutral
 |
| 1. Disagree
 |
| 1. Strongly Disagree
 |

1. A foot ulcer is best left open for the air to get to it.

|  |
| --- |
| 1. True
 |
| 1. False
 |
| 1. Don’t know
 |

1. I check the feet of people with diabetes

|  |
| --- |
| 1. Always
 |
| 1. Mostly
 |
| 1. Sometimes
 |
| 1. Rarely
 |
| 1. Never
 |

1. Do you have diabetes foot care education brochures in your clinic?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Not sure
 |

1. Do you have Aboriginal diabetes foot care education brochures in your clinic?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Not sure
 |

1. I provide foot care education to people with diabetes

|  |
| --- |
| 1. Always
 |
| 1. Mostly
 |
| 1. Sometimes
 |
| 1. Rarely
 |
| 1. Never
 |

1. People with diabetes may not feel minor injuries to their feet.

|  |
| --- |
| 1. Strongly Agree
 |
| 1. Agree
 |
| 1. Neutral
 |
| 1. Disagree
 |
| 1. Strongly Disagree
 |

1. Do you have a monofilament in your practise?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Not sure
 |

1. Have you ever used a monofilament?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |

1. How many sites do you test with a monofilament on each foot?

|  |
| --- |
| 1. One
 |
| 1. Two
 |
| 1. Three
 |
| 1. Four
 |
| 1. Five
 |
| 1. Six
 |
| 1. Seven
 |
| 1. Eight
 |
| 1. Nine or ten
 |
|  |

1. How many sites do people have to NOT feel with the monofilament to be at risk?

|  |
| --- |
| 1. One
 |
| 1. Two
 |
| 1. Three
 |
| 1. Four
 |
| 1. Five
 |
| 1. Six
 |
| 1. Seven
 |
| 1. Eight
 |
| 1. Nine or ten
 |
|  |

1. Do you do any other tests for sensation in the feet?

|  |
| --- |
| 1. Yes
2. No
 |
| 1. Not sure
 |

1. I document when I have checked people’s feet

|  |
| --- |
| 1. Always
 |
| 1. Mostly
 |
| 1. Sometimes
 |
| 1. Rarely
 |
| 1. Never
 |

1. Do you know what a hammertoe looks like?
2. Yes
3. No
4. Maybe
5. Do you know what claw toes look like?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Maybe
 |

1. Do you know what small muscle wasting looks like?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Maybe
 |

1. Do you know how to test for limited joint motion?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Maybe
 |

1. Do you know what a Charcot foot looks like?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Maybe
 |

1. Do you use a system to classify people’s foot risk?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |
| 1. Not sure
 |

1. What system do you use to classify people’s foot risk?

|  |
| --- |
| 1. Texas ( Category 0-6)
 |
| 1. Indigenous Diabetic Foot (Low/High)
 |
| 1. 2011 NHMRC (low/intermediate/high)
 |
| 1. Other
 |
| 1. Don’t know
 |

1. What level of risk is a person with a foot ulcer?

|  |
| --- |
| 1. Low
 |
| 1. Intermediate
 |
| 1. High
 |
| 1. Don’t know
 |

1. What level of risk is a person with an amputation?

|  |
| --- |
| 1. Low
 |
| 1. Intermediate
 |
| 1. High
 |
| 1. Don’t know
 |

1. What level of risk is a person with pulses you cannot feel only?

|  |
| --- |
| 1. Low
 |
| 1. Intermediate
 |
| 1. High
 |
| 1. Don’t know
 |

1. What level of foot risk is a person when they can NOT feel the monofilament only?

|  |
| --- |
| 1. Low
 |
| 1. Intermediate
 |
| 1. High
 |
| 1. Don’t know
 |

1. What level of foot risk is a person when they have a foot that won’t fit into normal shoes only?

|  |
| --- |
| 1. Low
 |
| 1. Intermediate
 |
| 1. High
 |
| 1. Don’t know
 |

1. What level of foot risk is a person if when they have a foot that won’t fit into normal shoes and can NOT feel the monofilament?

|  |
| --- |
| 1. Low
 |
| 1. Intermediate
 |
| 1. High
 |
| 1. Don’t know
 |

1. Have ever been shown how to do a foot assessment?

|  |
| --- |
| 1. Yes
 |
| 1. No
 |

1. Who most recently trained you to do a foot assessment?

|  |
| --- |
| 1. WoundsWest
 |
| 1. Indigenous Diabetic Foot Program
 |
| 1. Undergraduate training
 |
| 1. Current workplace
 |
| 1. A Podiatrist
 |
| 1. Continuing education
 |
| 1. Other
 |
| 1. Not applicable
 |

1. How confident are you in doing a foot assessment?

|  |
| --- |
| 1. Very confident
 |
| 1. Confident
 |
| 1. Not confident
 |
| 1. Never done one
 |

1. A low risk person should have their feet checked every…..

|  |
| --- |
| 1. 3 months
 |
| 1. 6 months
 |
| 1. 9 months
 |
| 1. 12 months
 |
| 1. Not sure
 |

1. A high risk person should have their feet checked every…..

|  |
| --- |
| 1. 3 months
 |
| 1. 6 months
 |
| 1. 9 months
 |
| 1. 12 months
 |
| 1. Not sure
 |

1. What kinds of things stop you from checking feet?

|  |
| --- |
| 1. Smelly
 |
| 1. Dirty
 |
| 1. Don’t like feet
 |
| 1. Not my job
 |
| 1. Not enough time
 |
| 1. We have a podiatrist
 |
| 1. Other
 |