**Personal Diabetes Questionnaire Scoring Information**

 Appendix 1.

**PERSONAL DIABETES QUESTIONNAIRE. To provide you with the best possible care, we want to know what topics you would like to discuss today.  In addition we need to know about your recent eating habits, medicines, blood glucose testing, and your physical activity.  Answer each question as accurately as possible.  We will use your answers to help you solve any problems you are having managing your diabetes.**

**A.      PERCEIVED BLOOD GLUCOSE CONTROL**.

1.        How satisfied are you with your overall blood glucose control? \_\_\_\_    I have… (1) Excellent control, (2) Pretty good control,  (3) Good control, (4) A few problems, (5) Poor control, (6) Very poor control

2.        Do you have a target range for your blood glucose?  That is, do you try to keep your blood sugar from getting lower or higher than certain values that you and your doctor have agreed on? \_\_\_ yes, \_\_\_ no, \_\_\_ not sure

3.        Sometimes when you test your blood sugar, it can be too high.  How often is this problem for you? \_\_\_ My blood sugar is never too high, \_\_\_ A couple times a month or less, \_\_\_ Once or twice a week, \_\_\_ Three to five times a week, \_\_\_ Almost every day

4.        Sometimes blood sugar can be too low causing hypoglycemia (an insulin reaction).  How often is this a problem for you? \_\_\_ My blood sugar is never too high, \_\_\_ A couple times a month or less, \_\_\_ Once or twice a week, \_\_\_ Three to five times a week, \_\_\_ Almost every day

**B.       WEIGHT CHANGE READINESS. Readiness for Change for Attempting Weight Loss.**

1.        Are you currently trying to lose weight? \_\_ Yes, I am trying to lose weight, \_\_ No, but I am trying to keep from gaining weight, \_\_ No, I am not making any attempts to control my weight now.

2.        If you are NOT currently trying to lose weight or avoid gaining weight, is this something you plan to do in the future? \_\_\_Yes, I plan to start within the next month, \_\_\_ Yes, I plan to start within the next six months, \_\_\_ No, I have no plans right now for starting a weight control plan, \_\_\_ I am already following a weight control plan

**C.      DIETARY KNOWLEDGE AND SKILLS. Please answer all of the following questions about your eating.  Place an “X” in the box that best describes you and your behavior.**

During the past 3 months, how often did you? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Use the information about the number of calories in foods to make decisions about what to eat? \_\_\_

2.        Use information about the number of carbohydrates in foods to make decisions about what to eat? \_\_\_

3.        Use information about the number of grams of fat in foods to make decisions about what to eat? \_\_\_

4.        Deliberately skip a meal or snack to cut calories or fat? \_\_\_

5.        Deliberately take small portion sizes to cut calories, sugar or fat? \_\_\_

6.        Use low-calorie, lite, reduced-fat, or fat-free products? \_\_\_

7.        Use sugar-free or reduced sugar products? \_\_\_

8.        Resist the temptation to eat a food you want because it is too high in fat, sugar or calories? \_\_\_

9.        Use a written diet or meal plan to decide what foods to eat? \_\_\_

**D.**  **DIET CHANGE READINESS.  Decision Making & Behavior Related to Diet and Blood Glucose Control.                                           Food can have a big effect on the blood glucose level of a person with diabetes.  Please answer the following questions about the things you may or may not do to control your blood glucose using food.**

1.        Are you currently trying to follow a diet plan in order to better control you blood glucose? \_\_ yes, I have a plan I am trying to follow, \_\_ No, I am not following a plan but I am conscious of how food affects my blood sugar, \_\_ No, I really do not pay attention to how food affects my blood sugar

2.        If you are following a plan, what kind of plan are you using? \_\_ I do not use any kind of diet plan, \_\_ Carbohydrate counting, \_\_ The food exchange system, \_\_ Total available glucose (TAG), \_\_ Healthy foods, \_\_ The food guide pyramid, \_\_Fat gram counting, \_\_ Other

3.        If you are NOT currently following a diet plan or meal plan to better control your blood glucose, is this something you plan to do in the future? \_\_ I am already following a diet or meal plan,  \_\_Yes, I plan to start within the next month, \_\_ Yes, I plan to start within the next six months, \_\_ No, I have no plans right now for starting to follow a diet or meal plan

**E.       DIET DECISION MAKING.** **Even if you are not using a diet or meal plan as part of your diabetes care, please answer all of the following questions.**

During the past 3 months, how often do you…? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Eat your meals and snacks at the same time each day. \_\_\_\_

2.        Choose the portion sizes of foods carefully so that your blood sugar will not be too high or too low. \_\_\_\_

3.        Use the exchange system to decide what foods or how much of certain foods to eat. \_\_\_\_

4.        Use information about the grams of carbohydrates in foods to make decisions about what or how much to eat. \_\_\_

5.        Use information about the grams of carbohydrates in the foods you are eating to decide how much insulin to take. \_\_\_\_

6.        Deliberately eat more or less food to adjust for a change in your usual exercise or physical activity \_\_\_

**F.       EATING PROBLEMS. The next section focuses on behaviors that make it hard for people to lose weight and control blood glucose.**

During the past 3 months, how often did you…? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Overeat? By overeating, we mean eating until you feel stuffed or too full. \_\_\_

2.        Eat unplanned snacks?  That is, how often do you find yourself snacking on foods thinking “I wish I had not eaten that?” \_\_\_

3.        Make poor food choices?  That is, how often do you find that you have eaten a particular food then thought “I wish I had not eaten that?”\_\_\_

**G.      DIET BARRIERS**. **The next set of questions has to do with when and where overeating, unplanned snacks and poor food choices occur.  Each question asks about a particular kind of situation.  Think about these behaviors and how much of a problem each situation is for you in trying to control these behaviors.**

During the past 3 months, how often have you had a problem with each of the following? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Eating problems when feeling stressed, anxious, depressed, angry, or bored. \_\_\_\_

2.        Eating problems because of hunger or food cravings. \_\_\_\_

3.        Eating problems because family or friends tempt you or are not very supportive of your efforts to eat right. \_\_\_\_

4.        Eating problems when eating away from home (e.g. fast food, restaurants, pot lucks). \_\_\_\_

5.        Eating problems because you feel deprived due to trying to follow a diet. \_\_\_

6.         Eating problems because you feel discouraged due to lack of results (e.g. no weight loss, high blood sugars) \_\_\_

7.        Eating problems because you are too busy with family, work, or other responsibilities. \_\_\_

**H.      MEDICATION USE.  This section focuses on your use of medications to treat diabetes.**

1.        Has your doctor prescribed pills for your diabetes? \_\_ Yes, \_\_ No

2.        How often are you supposed to take these pills? \_\_ I do not take pills for my diabetes, \_\_ Occasionally as needed, \_\_ Once per day, \_\_ Twice per day, \_\_ Three or more times per day

3.        How often do you end up taking these pills? \_\_ I  do not take pills for my diabetes, \_\_ I never miss a dosage, \_\_ I miss a dose a couple of times a month or less, \_\_ I miss a dose once or twice a week, \_\_ I miss a dose three to five times a week, \_\_ I miss a dose almost every day, \_\_ I never take my prescribed pills

4.        Has your doctor prescribed insulin for your diabetes? \_\_ Yes, \_\_ No

5.        How often are you supposed to take insulin?  \_\_ I do not take insulin for my diabetes \_\_ Occasionally as needed, \_\_ Once per day, \_\_ Twice per day, \_\_ Three or more times per day

6.        How often do you end up taking your insulin? \_\_ I  have not been prescribed insulin for my diabetes, \_\_ I never miss a shot, \_\_ I miss a couple of times a month, \_\_ I miss once or twice a week, \_\_ I miss three to five times a week, \_\_ I miss almost every day, \_\_ I never take my prescribed insulin

**I.        MEDICATION BARRIERS**. **The next set of questions has to do with when and where you miss taking your medications (either pills or insulin).  Each question asks about a particular kind of situation that might cause you to forget or skip your medication.**

During the past 3 months, how often has each of the following caused a problem in taking your prescribed medicine? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Feeling stressed, anxious, depressed, angry, or bored. \_\_\_\_

2.        The medicine has unpleasant side effects. \_\_\_\_

3.        Family or friends are not very supportive. \_\_\_\_

4.        When away from home (e.g. on vacation, business trips, at restaurants, pot lucks). \_\_\_\_

5.        My daily schedule (waking, going to bed, eat, work, etc) is different from one day to the next. \_\_\_

6.        Feel discouraged due to lack of results (e.g. no weight loss, high blood sugars). \_\_\_

7.        Being too busy with family, work, or other responsibilities. \_\_\_

8.        The medication is too expensive.  \_\_\_

**J.        BLOOD GLUCOSE MONITORING. The next few questions have to do with testing your blood glucose.**

(1) I have not been told to test my blood glucose, (2) Occasionally as needed, (3) A couple times a month, (4) 1 or 2 times a week, (5) 3 to 6 times a week, (6) Once a day, (7) Twice a day, (8) 3 or 4 times a day, (9) 5 or more times a day

1.        How often have you been told to test your blood glucose? \_\_\_

2.        How often do you actually test your blood glucose? **\_\_\_**

**K.      BLOOD GLUCOSE MONITORING BARRIERS**. **The next set of questions has to do with when and where you forget to test your blood glucose.  Each question asks about a particular kind of situation that might cause you to forget or skip a blood glucose test.**

During the past 3 months, how often has each of the following caused a problem in testing blood glucose? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Feeling stressed, anxious, depressed, angry, or bored. \_\_\_\_

2.        I hate to stick myself. \_\_\_\_

3.        Family or friends are not very supportive. \_\_\_\_

4.        When away from home (e.g. on vacation, business trips, at restaurants, relatives). \_\_\_\_

5.        My daily schedule (waking, going to bed, eat, work, etc) is different from one day to the next. \_\_\_

6.        Feel discouraged due to lack of results (e.g. no weight loss, high blood sugars). \_\_\_

7.        Being too busy with family, work, or other responsibilities. \_\_\_

8.        The testing supplies are too expensive.  \_\_\_

**L.       PHYSICAL ACTIVITY. The next few questions are about your level of physical activity.**

1.        Has your doctor advised you to get more exercise?  \_\_\_ Yes,  \_\_\_\_ No,  \_\_\_ Don’t know

2.        How active is your daily routine? How much physical activity do you get as a result of going to work, shopping, housework, yard work, and other daily activities? \_\_ Very inactive, \_\_ Inactive, \_\_ A little activity, \_\_ A moderate amount of activity, \_\_ Active, \_\_ Very active

3.        How often do you set aside time to exercise? How often do you do something physically active like walking, running, cycling, going to the gym or participating in sports? \_\_ I never exercise, \_\_ A couple times a month, \_\_ 1 or 2 times a week, \_\_ 3 to 4 times a week, \_\_ 5 to 6 times a week, \_\_ Once a day, \_\_ More than once a day

**M.     EXERCISE BARRIERS**. **The next set of questions has to do with why you find it hard to start exercising or hard to stick with an exercise plan.**

During the past 3 months, how often have you had trouble exercising because of each of the following? (1) Never, (2) 1 time per month or less, (3) 2-3 times per month, (4) 1-2 times per week, (5) 4-6 times per week, (6) 1 or more times per day

1.        Feeling stressed, anxious, depressed, angry, or bored. \_\_\_\_

2.        Exercise and physical activity cause pain and discomfort for me. \_\_\_\_

3.        Family or friends are not very supportive. \_\_\_\_

4.        When away from home (e.g. on vacation, business trips, at relatives). \_\_\_\_

5.        My daily schedule (waking, go to bed, eat, work, etc) is different from one day to the next. \_\_\_

6.        Feel discouraged due to lack of results (e.g. no weight loss, high blood sugars). \_\_\_

7.        Being too busy with family, work, or other responsibilities. \_\_\_

**Subscale Description and scoring:**

A (Perceived Blood Glucose Control): perception of blood glucose control; individually inspected items

B (Weight Change Readiness): readiness for change for attempting weight loss; “Pre-contemplation” if B2=3 or B1=3; “contemplation” if B2=2; “preparation” if B2=1; “action” if B1>1 or B2=4

C (Diet Knowledge and Skills): Dietary practices regarding type of diet information utilized to guide eating behavior; Sum C1-C9 (Higher score indicates greater knowledge and skill)

D (Diet Change Readiness): Readiness for change for attempting dietary self-management; “Pre-contemplation” if D3=4; “contemplation” if D3=3; “preparation” if D3=2; “action” if D1=1 D2≥1 or D3=1

E (Diet Decision Making): General diet-specific decision making strategies used; For individuals on insulin: Sum E1-E6. For individuals not on insulin: Sum E1-E4 and E6 (Higher score indicates more frequent use of strategies)

F (Eating Problems): Eating behavior patterns that interfere with self-management; Sum F1-F3 (Higher score indicates more frequent problems)

G (Diet Barriers): Environmental, social, and emotional factors interfering with attempts to adhere to regimen; Sum G1-G7 (Higher score indicates more frequent barriers)

H (Medication Usage): Oral agent and insulin regimen and adherence patterns; H2 create new variables X and Y to sum; if H1=missing or “0” or H3=1, X = 0, if H1=1 and H3=2-7, X=H3-1; if H4=missing or “0” or H6=1, Y = 0, if H3=1 and H6=2-7, Y= H6-1: Sum X and Y (Higher score indicates more frequent doses missed) H2 and H5 are individually inspected items

I (Medication Barriers): Environmental, social, and emotional factors interfering with attempts to adhere to regimen; Sum I1-I8 (Higher score indicates more frequent barriers)

J (Blood Glucose Monitoring): Blood glucose self-monitoring regimen and adherence; individually inspected items

K (Blood Glucose Monitoring Barriers): Environmental, social and emotional factors interfering with attempts to adhere to regimen; Sum K1-K8 (Higher score indicates more frequent barriers)

L ((Physical Activity): recommendations and level of current lifestyle and programmatic activity; individually inspected items

M (Exercise Barriers): Environmental, social and emotional factors interfering with attempts to adhere to regimen; Sum M1-M7 (Higher score indicates more frequent barriers)

The Development and initial evalaution of the psychometric properties of the PDQ survey were published in the following article: Stetson, B., Schlundt, D., Rothschild, C., Floyd, J., Rogers, W., Mokshagundam, S.P. (2011). Development and validatio of the Personal Diabetes Questionnaire (PDQ): A measure of diabetes self-care behaviors, perceptions and barriers. *Diabetes Research and Clinical Practice, 91 (3), 321-332*.