**Personal Diabetes Questionnaire**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***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.***

**We need some basic information about you and your diabetes.**

1. Are you (check one)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

2. How old are you? \_\_\_\_\_\_\_\_\_\_ years old

3. How tall are you? \_\_\_\_\_\_\_\_\_\_ feet \_\_\_\_\_\_\_\_\_\_ inches

4. How much do you weigh? \_\_\_\_\_\_\_\_\_\_ pounds

5. What is your desired weight? What do you think would be a good, realistic weight for you? \_\_\_\_\_\_\_\_\_\_

**A. Perceived Blood Glucose Control**

1. How satisfied are you with your overall blood glucose control

\_\_\_\_\_ I have excellent control

\_\_\_\_\_ I have pretty good control

\_\_\_\_\_ I have good control

\_\_\_\_\_ I have a few problems

\_\_\_\_\_ I have poor control

\_\_\_\_\_ I have 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 or nurse have agreed on?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not sure

3. Sometimes when you test your blood sugar, it can be too high. 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

4. Sometimes blood sugar can be two 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. Diet 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. Use the information about the numberof calories in foods to make decisionsabout what to eat? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 2. Use information about the ofcarbohydrates in foods to makedecisions about what to eat? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 3. Use information about the number ofgrams of fat in foods to make decisionsabout what to eat? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 4. Deliberately skip a meal or snack tocut calories or fat? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 5. Deliberately take small portion sizes tocut calories, sugar or fat? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 6. Use low-calorie, lite, reduced-fat, orfat-free products? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 7. Use sugar free or reduced sugarproducts? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 8. Resist the temptation to eat a food youwant because it is too high in fat, sugar,or calories? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 9. Use a written diet or meal plan todecide what foods to eat? | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

**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 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 your 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 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 did you:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Eat your meals and snacks at thesame time each day. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 2. Choose the portion sizes of foodscarefully so that your blood sugarwill not be too high or too low. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 3. Use the exchange system to decidewhat foods or how much of certainfoods to eat. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 4. Use information about the gramsof carbohydrates in foods to makedecisions about what or how muchto eat. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 5. Use information about the gramsof carbohydrates in the foods youare eating to decide how muchinsulin to take. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 6. Deliberately eat more or less foodto adjust for a change in yourusual exercise or physical activity. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

**F. Eating problems**

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

**During the past 3 months, how often did you:**

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

\_\_\_\_\_ never

\_\_\_\_\_ 1 time a month of less

\_\_\_\_\_ 2-3 times per month

\_\_\_\_\_ 1-3 times a week

\_\_\_\_\_ 4-6 times a week

\_\_\_\_\_ 1 or more times per day

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

\_\_\_\_\_ never

\_\_\_\_\_ 1 time a month or less

\_\_\_\_\_ 2-3 times per month

\_\_\_\_\_ 1-3 times a week

\_\_\_\_\_ 4-6 times a week

\_\_\_\_\_ 1 or more times per day

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?”

\_\_\_\_\_ never

\_\_\_\_\_ 1 time a month or less

\_\_\_\_\_ 2-3 times per month

\_\_\_\_\_ 1-3 times a week

\_\_\_\_\_ 4-6 times a week

\_\_\_\_\_ 1 or more times per day

**G. Diet Barriers**

***The next set of questions had to do with when and where overeating, unplanned snacking, or 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. Eating problems when feeling,stressed, anxious depressed, angry, orbored. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 2. Eating problems because of hunger orfood cravings. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 3. Eating problems because family orfriends tempt you or are not verysupportive of your efforts to eat right. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 4. Eating problems when eating awayfrom home (e.g., fast food, restaurants,relatives, pot lucks). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 5. Eating problems because you feeldeprived due to trying to follow a diet. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 6. Eating problems because you feeldiscouraged due to lack of results (e.g.,no weight loss, high blood sugars). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 7. Eating problems because you are tobusy with family, work, or otherresponsibilities. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

**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 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 shots for your diabetes?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

5. How often are you supposed to take insulin?

\_\_\_\_\_ I don’t take insulin

\_\_\_\_\_ Occasionally as needed

\_\_\_\_\_ Once a day

\_\_\_\_\_ Twice a day

\_\_\_\_\_ Three or more times a 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 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 medicine.***

**During the past 3 months, how often has each of the following caused a problem in taking your prescribed medicine?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Feeling stressed, anxious depressed,angry, or bored. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 2. The medicine has unpleasant sideeffects. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 3. Family or friends are not verySupportive. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 4. When away from home (e.g., onvacation, business trips, at restaurants,pot lucks). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5. My daily schedule (waking,going to bed, eat, work, etc.) is different from one day to the next.. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 6. Feel discouraged due to lack of results(e.g., no weight loss, high bloodsugars). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 7. Being too busy with family, work, orother responsibilities. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 8. The medication is too expensive | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

**J. Blood glucose monitoring**

***The next few questions have to do with testing your blood glucose***

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

\_\_\_\_\_ I have not been told to test my blood glucose

\_\_\_\_\_ Occasionally as needed

\_\_\_\_\_ A couple times a month

\_\_\_\_\_ 1 or 2 times a week

\_\_\_\_\_ 3 to 6 times a week

\_\_\_\_\_ Once a day

\_\_\_\_\_ Twice a day

\_\_\_\_\_ 3 or 4 times a day

\_\_\_\_\_ 5 or more times a day

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

\_\_\_\_\_ I have not been told to test my blood glucose

\_\_\_\_\_ Occasionally as needed

\_\_\_\_\_ A couple times a month

\_\_\_\_\_ 1 or 2 times a week

\_\_\_\_\_ 3 to 6 times a week

\_\_\_\_\_ Once a day

\_\_\_\_\_ Twice a day

\_\_\_\_\_ 3 or 4 times a day

\_\_\_\_\_ 5 or more times a day

**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. Feeling stressed, anxiousdepressed, angry, or bored. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 2. I hate to stick myself. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 3. Family or friends are not verysupportive. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 4. When away from home (e.g., onvacation, business trips, at restaurants, relatives). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 5. My daily schedule (waking, going to bed, eat, work, etc.) is different from one day to the next.. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 6. Feel discouraged due to lack of results(e.g., no weight loss, high bloodsugars). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 7. Being too busy with family, work, orother responsibilities. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 8. The testing supplies are too expensive | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |

**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. Feeling stressed, anxious depressed,angry, or bored. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 2. Exercise and physical activity causepain and discomfort for me. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 3. Family or friends are not verysupportive. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 4. When away from home (e.g., onVacation, business trips, at relatives). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 5. My daily schedule (waking, to bed, eat, work, etc.) is different from one day to the next. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 6. Feel discouraged due to lack of results(e.g., no weight loss, high bloodsugars). | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |
| 7. Being too busy with family, work, orother responsibilities. | Never | 1 time per month or less | 2-3 times per month | 1-2 times per week | 4-6 times per week | 1 or more times per day |