

ID# _____

Name _____

Today's Date _____

Diabetes Care Profile

Michigan Diabetes
Research and Training Center
DCP2.0

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Section I - Demographics

Please answer each of the following questions by filling in the blanks with the correct answers or by choosing the single best answer.

Note: For this survey, a Health Care Provider refers to a doctor, nurse practitioner, or physician assistant.

Q1. Age: ___ ___ years old

Q2. Birth date: ___ ___ / ___ ___ / ___ ___
(Month / Day / Year)

Q3. Zip Code: ___ ___ ___ ___ ___

Q4. Sex: ₁ Male ₂ Female

Q5. What year were you first told you had diabetes? (Please enter the year) ___ ___ ___ ___

Q6. What is your marital status? (check one box)

- ₁ Never married
- ₂ Married
- ₃ Separated/Divorced
- ₄ Widowed

Q7. What is your ethnic origin/race? (check one box)

- ₁ White
- ₂ Black
- ₃ Hispanic
- ₄ Native American
- ₅ Asian or Pacific Islander
- ₆ Arabic
- ₇ Other _____

Q8. Where do you live most of the year? (check one box)

- ₁ Your home, apartment or condo
- ₂ Senior citizen apartment/condo
- ₃ Home of a relative/friend
- ₄ Retirement home
- ₅ Adult foster care
- ₆ Nursing home
- ₇ Other _____

Q9. How many people live with you? (check one box)

- ₀ I live alone
- ₁ 1 person
- ₂ 2 people
- ₃ 3 people
- ₄ 4 people
- ₅ 5 or more

Q10. How much schooling have you had? (Years of formal schooling completed)
(check one box)

- ₁ 8 grades or less
- ₂ Some high school
- ₃ High school graduate or GED
- ₄ Some college or technical school
- ₅ College graduate (bachelor's degree)
- ₆ Graduate degree

Q11. Which of the following best describes your current employment status? (check one box)

- ₁ Working full-time, 35 hours or more a week
- ₂ Working part-time, less than 35 hours a week
- ₃ Unemployed or laid off and looking for work
- ₄ Unemployed and not looking for work
- ₅ Homemaker
- ₆ In school
- ₇ Retired
- ₈ Disabled, not able to work
- ₉ Something else? (Please specify): _____

Q12. How would you describe the insurance plan(s) you have had in the past 12 months?
(check all that apply)

- ₁ An individual plan – the member pays for the plan premium
- ₂ A group plan through an employer, union, etc. – the employer pays all or part of the plan premium
- ₃ U.S. Governmental Health Plan (e.g., Military, CHAMPUS, VA)
- ₄ Medicaid
- ₅ Medicare
- ₆ I have not had an insurance plan in the past 12 months

Q13. What type(s) of insurance plans have you had in the past 12 months?
(check all that apply)

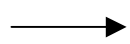
- ₁ Indemnity or fee-for-service plan (i.e., you choose which health care provider you see for care without financial penalty)
- ₂ Health Maintenance Organization (HMO) (i.e., you must have a primary care provider who must refer you to specialty care if needed)
- ₃ Preferred Provider Organization (PPO) (i.e., you have lower co-payments when you see a preferred provider within the network, but you can see a provider out-of-network for a higher co-payment)
- ₄ Point of Service (POS) (i.e., you must have a primary care provider; you have the option to self-refer to an in-network specialist, or you can see an out-of-network specialist with a higher co-payment)
- ₅ Other (please specify): _____
- ₆ I have not had an insurance plan in the past 12 months.

Q14. Do you test your blood sugar? (check one box)

₁ No



₂ Yes



Q14a. How many days a week do you test your blood sugar?

_____ (days / week)



Q14b. On days that you test, how many times do you test your blood sugar?

_____ (times / day)



Q14c. Do you keep a record of your blood sugar test results? (check one box)

₁ No

₂ Yes

₃ Only Unusual
Values

Section II – Health Status

Q1. In general, would you say your health is: (check one box)

- ₁ ₂ ₃ ₄ ₅
 Excellent Very Good Good Fair Poor

Q2. These questions ask about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time **during the past 4 weeks**: (circle one answer for each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
A. Have you felt calm and peaceful?	1	2	3	4	5	6
B. Did you have a lot of energy?	1	2	3	4	5	6
C. Have you felt downhearted and blue?	1	2	3	4	5	6

Section III – Education / Advice Received

Q1. Has your health care provider or nurse ever told you to take special care of your feet?
(check one box)

₁ No ₂ Yes ₃ Not Sure

Q2. Has your health care provider or nurse ever told you to follow an exercise program?
(check one box)

₁ No ₂ Yes ₃ Not Sure

Q3. Has your health care provider or nurse ever told you to follow a meal plan or diet?
(check one box)

₁ No ₂ Yes ₃ Not Sure

Q4. Have you ever received diabetes education? (for example: attended a series of classes or series of meetings with a diabetes educator) (check one box)

₁ No ₂ Yes ₃ Not Sure

Section IV - Understanding

Q1. How do you rate your understanding of: (circle one answer for each line)	Poor		Good		Excellent
a) overall diabetes care	1	2	3	4	5
b) coping with stress	1	2	3	4	5
c) diet for blood sugar control	1	2	3	4	5
d) the role of exercise in diabetes care	1	2	3	4	5
e) medications you are taking	1	2	3	4	5
f) how to use the results of blood sugar monitoring	1	2	3	4	5
g) how diet, exercise, and medicines affect blood sugar levels	1	2	3	4	5
h) prevention and treatment of high blood sugar	1	2	3	4	5
i) prevention and treatment of low blood sugar	1	2	3	4	5
j) prevention of long-term complications of diabetes	1	2	3	4	5
k) foot care	1	2	3	4	5
l) benefits of improving blood sugar control	1	2	3	4	5
m) pregnancy and diabetes	1	2	3	4	5

Section V – Support

Q1. I **want** a lot of help and support from my family or friends in:
(circle one answer for each line)

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Does Not Apply
a) following my meal plan.	1	2	3	4	5	N/A
b) taking my medicine.	1	2	3	4	5	N/A
c) taking care of my feet.	1	2	3	4	5	N/A
d) getting enough physical activity.	1	2	3	4	5	N/A
e) testing my sugar.	1	2	3	4	5	N/A
f) handling my feelings about diabetes.	1	2	3	4	5	N/A

Q2. My family or friends help and support me a lot to:
(circle one answer for each line)

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Does Not Apply
a) follow my meal plan.	1	2	3	4	5	N/A
b) take my medicine.	1	2	3	4	5	N/A
c) take care of my feet.	1	2	3	4	5	N/A
d) get enough physical activity.	1	2	3	4	5	N/A
e) test my sugar.	1	2	3	4	5	N/A

f) handle my feelings
about diabetes.

1

2

3

4

5

N/A

Q3. My family or friends: (circle one answer for each line)

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a) accept me and my diabetes.	1	2	3	4	5
b) feel uncomfortable about me because of my diabetes.	1	2	3	4	5
c) encourage or reassure me about my diabetes.	1	2	3	4	5
d) discourage or upset me about my diabetes.	1	2	3	4	5
e) listen to me when I want to talk about my diabetes.	1	2	3	4	5
f) nag me about diabetes.	1	2	3	4	5

Q4. Who helps you the **most** in caring for your diabetes? (check only one box)

- ₁ Spouse
- ₂ Other family members
- ₃ Friends
- ₄ Paid helper
- ₅ Doctor
- ₆ Nurse
- ₇ Case manager
- ₈ Other health care professional
- ₉ No one

DCP Appendices

Section VI - Control Problems Scale

For the following questions, please check the appropriate response.

Q1. How many **times** in the last **month** have you had a **low blood sugar** (glucose) reaction with symptoms such as sweating, weakness, anxiety, trembling, hunger or headache?

₁ 0 times

₂ 1-3 times

₃ 4-6 times

₄ 7-12 times

₅ More than 12 times

₆ Don't know

Q2. How many **times** in the last **year** have you had **severe low blood sugar** reactions such as passing out or needing help to treat the reaction?

₁ 0 times

₂ 1-3 times

₃ 4-6 times

₄ 7-12 times

₅ More than 12 times

₆ Don't know

Q3. How many **days** in the last **month** have you had **high blood sugar** with symptoms such as thirst, dry mouth and skin, increased sugar in the urine, less appetite, nausea, or fatigue?

₁ 0 days

₂ 1-3 days

₃ 4-6 days

₄ 7-12 days

₅ More than 12 days

₆ Don't know

Q4. How many **days** in the last **month** have you had **ketones** in your urine?

₁ 0 days

₂ 1-3 days

₃ 4-6 days

₄ 7-12 days

₅ More than 12 days

₆ Don't test

Q5. During the past year, how often did your blood sugar become too high because: (circle one answer for each line)	Never		Sometimes		Often	Don't Know
a) you were sick or had an infection?	1	2	3	4	5	DK
b) you were upset or angry?	1	2	3	4	5	DK
c) you took the wrong amount of medicine?	1	2	3	4	5	DK
d) you ate the wrong types of food?	1	2	3	4	5	DK
e) you ate too much food?	1	2	3	4	5	DK
f) you had less physical activity than usual?	1	2	3	4	5	DK
g) you were feeling stressed?	1	2	3	4	5	DK

Q6. During the past year, how often did your blood sugar become too low because: (circle one answer for each line)	Never		Sometimes		Often	Don't Know
a) you were sick or had an infection?	1	2	3	4	5	DK
b) you were upset or angry?	1	2	3	4	5	DK
c) you took the wrong amount of medicine?	1	2	3	4	5	DK
d) you ate the wrong types of food?	1	2	3	4	5	DK
e) you ate too little food?	1	2	3	4	5	DK
f) you had more physical activity than usual?	1	2	3	4	5	DK
g) you waited too long to eat or skipped a meal?	1	2	3	4	5	DK
h) you were feeling stressed?	1	2	3	4	5	DK

Section VII - Social and Personal Factors Scale

For the following questions, please circle the appropriate response.

	Never	Sometimes	Often	Don't Know
Q1. How often has your diabetes kept you from doing your normal daily activities during the past year (e.g., couldn't: go to work, work around the house, go to school, visit friends)?	1	2	3	4
	5			DK

Q2. My diabetes and its treatment keep me from: (circle one answer for each line)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) having enough money.	1	2	3	4	5
b) meeting school, work, household, and other responsibilities.	1	2	3	4	5
c) going out or traveling as much as I want.	1	2	3	4	5
d) being as active as I want.	1	2	3	4	5
e) eating foods that I like.	1	2	3	4	5
f) eating as much as I want.	1	2	3	4	5
g) having good relationships with people.	1	2	3	4	5
h) keeping a schedule I like (e.g., eating or sleeping late).	1	2	3	4	5
i) spending time with my friends.	1	2	3	4	5
j) having enough time alone.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q3. Paying for my diabetes treatment and supplies is a problem.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q4. Having diabetes makes my life difficult.	1	2	3	4	5

Section VIII - Attitudes Toward Diabetes Scales

(Positive Attitude, Negative Attitude, Care Ability, Importance of Care, and Self-Care Adherence)

For the following questions, please circle the appropriate response.
(circle one answer for each line)

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1.	I am afraid of my diabetes.	1	2	3	4	5
Q2.	I find it hard to believe that I really have diabetes.	1	2	3	4	5
Q3.	I feel unhappy and depressed because of my diabetes.	1	2	3	4	5
Q4.	I feel satisfied with my life.	1	2	3	4	5
Q5.	I feel I'm not as good as others because of my diabetes.	1	2	3	4	5
Q6.	I can do just about anything I set out to do.	1	2	3	4	5
Q7.	I find it hard to do all the things I have to do for my diabetes.	1	2	3	4	5
Q8.	Diabetes doesn't affect my life at all.	1	2	3	4	5
Q9.	I am pretty well off, all things considered.	1	2	3	4	5
Q10.	Things are going very well for me right now.	1	2	3	4	5

Q11. I am able to: (circle one answer for each line)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) keep my blood sugar in good control.	1	2	3	4	5
b) keep my weight under control.	1	2	3	4	5
c) do the things I need to do for my diabetes (diet, medicine, exercise, etc.).	1	2	3	4	5
d) handle my feelings (fear, worry, anger) about my diabetes.	1	2	3	4	5

Q12. I think it is important for me to: (circle one answer for each line)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) keep my blood sugar in good control.	1	2	3	4	5
b) keep my weight under control.	1	2	3	4	5
c) do the things I need to do for my diabetes (diet, medicine, exercise, etc.).	1	2	3	4	5
d) handle my feelings (fear, worry, anger) about my diabetes.	1	2	3	4	5

	Never		Sometimes		Always	Don't Know
Q13. I keep my blood sugar in good control.	1	2	3	4	5	DK

	Never		Sometimes		Always
Q14. I keep my weight under control.	1	2	3	4	5
Q15. I do the things I need to do for my diabetes (diet, medicine, exercise, etc.).	1	2	3	4	5
Q16. I feel dissatisfied with life because of my diabetes.	1	2	3	4	5
Q17. I handle the feelings (fear, worry, anger) about my diabetes fairly well.	1	2	3	4	5

Section IX - Diet Adherence Scale

Q1. Has any health care provider or nurse told you to follow a meal plan or diet? ₁ No ₂ Yes ₃ Not sure

		Never		Sometimes		Always
Q2.	How often do you follow a meal plan or diet?	1	2	3	4	5

Q3. Have you been told to follow a schedule for your meals and snacks? ₁ No ₂ Yes

Q4. Have you been told to weigh or measure your food? ₁ No ₂ Yes

Q5. Have you been told to use exchange lists or food group lists to plan your meals? ₁ No ₂ Yes

		Never		Sometimes		Always
Q6.	How often do you follow the schedule for your meals and snacks?	1	2	3	4	5
Q7.	How often do you weigh or measure your food?	1	2	3	4	5
Q8.	How often do you (or the person who cooks your food) use the exchange lists or food group lists to plan your meals?	1	2	3	4	5

Section X - Long-Term Care Benefits Scale

For the following questions, please circle the appropriate response.
(circle one answer for each line)

Q1. Taking the best possible care of diabetes will delay or prevent:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) eye problems	1	2	3	4	5
b) kidney problems	1	2	3	4	5
c) foot problems	1	2	3	4	5
d) hardening of the arteries	1	2	3	4	5
e) heart disease	1	2	3	4	5

Section XI - Exercise Barriers Scale

For the following questions, please circle the appropriate response.
(circle one answer for each line)

Q1. How often do you have trouble getting enough exercise because:	Rarely		Sometimes		Often
a) it takes too much effort?	1	2	3	4	5
b) you don't believe it is useful?	1	2	3	4	5
c) you don't like to do it?	1	2	3	4	5
d) you have a health problem?	1	2	3	4	5
e) it makes your diabetes more difficult to control?	1	2	3	4	5

Section XII - Monitoring Barriers and Understanding Management Practice Scales

Q1. How many days a week have you been told to test:

- a) urine sugar? _____ (days per week) Not told to test
- b) blood sugar? _____ (days per week) Not told to test

If you **do not** test for sugar, skip Question No. 2.

For the following questions, please circle the appropriate response.
(circle one answer for each line)

Q2. When you don't test for sugar as often as you have been told, how often is it because:	Rarely	Sometimes	Often		
a) you forgot?	1	2	3	4	5
b) you don't believe it is useful?	1	2	3	4	5
c) the time or place wasn't right?	1	2	3	4	5
d) you don't like to do it?	1	2	3	4	5
e) you ran out of test materials?	1	2	3	4	5
f) it costs too much?	1	2	3	4	5
g) it's too much trouble?	1	2	3	4	5
h) it's hard to read the test results?	1	2	3	4	5
i) you can't do it by yourself?	1	2	3	4	5
j) your levels don't change very often?	1	2	3	4	5
k) it hurts to prick your finger?	1	2	3	4	5

Q3. Have you ever received diabetes education? ₁ No ₂ Yes

If No, skip Question No. 4

For the following questions, please circle the appropriate response.
(circle one answer for each line)

Q4. How do you rate your understanding of:	Poor		Good		Excellent
a) diet and blood sugar control	1	2	3	4	5
b) weight management	1	2	3	4	5
c) exercise	1	2	3	4	5
d) use of insulin/pills	1	2	3	4	5
e) sugar testing	1	2	3	4	5
f) foot care	1	2	3	4	5
g) complications of diabetes	1	2	3	4	5
h) eye care	1	2	3	4	5
i) combining diabetes medication with other medications	1	2	3	4	5
j) alcohol use and diabetes	1	2	3	4	5

Addition to Section I (Demographics) - Income Question

Q15. Which of the categories best describes your total annual combined household income from all sources? (check one box)

₀₁ Less than \$5,000

₀₂ \$5,000 to \$9,999

₀₃ \$10,000 to \$14,999

₀₄ \$15,000 to \$19,999

₀₅ \$20,000 to \$29,999

₀₆ \$30,000 to \$39,999

₀₇ \$40,000 to \$49,999


₀₈ \$50,000 to \$59,999

₀₉ \$60,000 to \$69,999

₁₀ \$70,000 and over

Addition to Section I (Demographics) - Occupation Question (from NHANES III)

Q15/Q16. During the past 2 weeks, did you work at any time at a job or business, not counting work around the house?

₁ No ₂ Yes 



Q15a/Q16a. What kind of work were you doing?
(For example: electrical engineer, stock clerk, typist, farmer.)

<input type="checkbox"/> ₀₁ Executive, administrators, and managers	<input type="checkbox"/> ₂₁ Miscellaneous food preparation and service occupations
<input type="checkbox"/> ₀₂ Management related occupations	<input type="checkbox"/> ₂₂ Health service occupations
<input type="checkbox"/> ₀₃ Engineers and scientists	<input type="checkbox"/> ₂₃ Cleaning and building service occupations
<input type="checkbox"/> ₀₄ Health diagnosing, assessment, and treating occupations	<input type="checkbox"/> ₂₄ Personal service occupations
<input type="checkbox"/> ₀₅ Teachers	<input type="checkbox"/> ₂₅ Farm operators, managers, and supervisors
<input type="checkbox"/> ₀₆ Writers, artists, entertainers, and athletes	<input type="checkbox"/> ₂₆ Farm and nursery workers
<input type="checkbox"/> ₀₇ Other professional specialty occupations	<input type="checkbox"/> ₂₇ Related agricultural, forestry, and fishing occupations
<input type="checkbox"/> ₀₈ Technicians and related support occupations	<input type="checkbox"/> ₂₈ Vehicle and mobile equipment mechanics and repairers
<input type="checkbox"/> ₀₉ Supervisors and proprietors, sales occupations	<input type="checkbox"/> ₂₉ Other mechanics and repairers
<input type="checkbox"/> ₁₀ Sales representatives, finance, business, and commodities except retail	<input type="checkbox"/> ₃₀ Construction trades
<input type="checkbox"/> ₁₁ Sales workers, retail and personal business	<input type="checkbox"/> ₃₁ Extractive and precision production occupations
<input type="checkbox"/> ₁₂ Secretaries, stenographers, and typists	<input type="checkbox"/> ₃₂ Textile, apparel, and furnishings machine operators
<input type="checkbox"/> ₁₃ Information clerks	<input type="checkbox"/> ₃₃ Machine operators, assorted materials
<input type="checkbox"/> ₁₄ Records processing occupations	<input type="checkbox"/> ₃₄ Fabricators, assemblers, inspectors, and samplers
<input type="checkbox"/> ₁₅ Material recording, scheduling, and distributing clerks	<input type="checkbox"/> ₃₅ Motor vehicle operators
<input type="checkbox"/> ₁₆ Miscellaneous administrative support occupations	<input type="checkbox"/> ₃₆ Other transportation and material moving occupations
<input type="checkbox"/> ₁₇ Private household occupations	<input type="checkbox"/> ₃₇ Construction laborers
<input type="checkbox"/> ₁₈ Protective service occupations	<input type="checkbox"/> ₃₈ Laborers, except construction
<input type="checkbox"/> ₁₉ Waiters and waitresses	<input type="checkbox"/> ₃₉ Freight, stock, and material movers
<input type="checkbox"/> ₂₀ Cooks	<input type="checkbox"/> ₄₀ Other handlers, equipment cleaners, and handlers
	<input type="checkbox"/> ₄₁ Don't Know

Replace Section II (Health Status) with SF-12

Q1. In general, would you say your health is: (check one box)

₁₂₃₄₅

Excellent

Very Good

Good

Fair

Poor

The following items are about activities you might do during a typical day. **Does your health now limit you** in these activities? If so, how much? (check one box for each line)

Yes, Limited a
Lot

Yes, Limited a
Little

No, Not
limited at all

Q2. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

₁₂₃

Q3. Climbing **several** flights of stairs

₁₂₃

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (check one box for each line)

Yes

No

Q4. **Accomplished less** than you would like

₁₂

Q5. Were limited in the **kind** of work or other activities

₁₂

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (check one box for each line)

Yes

No

Q6. **Accomplished less** than you would like

₁₂

Q7. Didn't do work or other activities as **carefully** as usual

₁₂

Q8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (check one box)

- ₁ ₂ ₃ ₄ ₅
 Not at all A little bit Moderately Quite a bit Extremely
-

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question please give the one answer that comes closest to the way you have been feeling.

How much of the time **during the past 4 weeks**: (circle one answer for each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Q9. Have you felt calm and peaceful ?	1	2	3	4	5	6
Q10. Did you have a lot of energy ?	1	2	3	4	5	6
Q11. Have you felt downhearted and blue ?	1	2	3	4	5	6

Q12. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (check one box)

- ₁ ₂ ₃ ₄ ₅
 All of the time Most of the time Some of the time A little of the time None of the time
-

Replace Section II (Health Status) with SF-36

Q1. In general, would you say your health is: (check one box)

₁
Excellent

₂
Very Good

₃
Good

₄
Fair

₅
Poor

Q2. Compared to one year ago, how would you rate your health in general now?
(check one box)

₁ Much better now than 1 year ago

₂ Somewhat better now than 1 year ago

₃ About the same

₄ Somewhat worse now than 1 year ago

₅ Much worse now than 1 year ago

Q3. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much? (circle one answer on each line)

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
A. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports?	1	2	3
B. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	3
C. Lifting or carrying groceries?	1	2	3
D. Climbing <u>several</u> flights of stairs?	1	2	3
E. Climbing <u>one</u> flight of stairs?	1	2	3
F. Bending, kneeling, or stooping?	1	2	3
G. Walking <u>more than a mile</u> ?	1	2	3
H. Walking <u>several blocks</u> ?	1	2	3
I. Walking <u>one block</u> ?	1	2	3
J. Bathing or dressing yourself?	1	2	3

Q4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**
 (circle one answer on each line)

	Yes	No
A. Cut down the <u>amount of time</u> you spent on work or other activities	1	2
B. <u>Accomplished less</u> than you would like	1	2
C. Were limited in the <u>kind</u> of work or other activities	1	2
D. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	1	2

Q5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (circle one answer on each line)

	Yes	No
A. Cut down the <u>amount of time</u> you spent on work or other activities	1	2
B. <u>Accomplished less</u> than you would like	1	2
C. Didn't do work or other activities as <u>carefully</u> as usual	1	2

Q6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (check one box)

₁ ₂ ₃ ₄ ₅
 Not at all Slightly Moderately Quite a bit Extremely

Q7. How much **bodily** pain have you had during the **past 4 weeks**? (check one box)

₁ ₂ ₃ ₄ ₅ ₆
 None Very Mild Mild Moderate Severe Very Severe

Q8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (check one box)

₁ ₂ ₃ ₄ ₅
 Not at all A little bit Moderately Quite a bit Extremely

Q9. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question please give the one answer that comes closest to the way you have been feeling.

How much of the time **during the past 4 weeks**: (circle one answer on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
A. Did you feel full of pep?	1	2	3	4	5	6
B. Have you been a very nervous person?	1	2	3	4	5	6
C. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
D. Have you felt calm and peaceful?	1	2	3	4	5	6
E. Did you have a lot of energy?	1	2	3	4	5	6
F. Have you felt downhearted and blue?	1	2	3	4	5	6
G. Did you feel worn out?	1	2	3	4	5	6
H. Have you been a happy person?	1	2	3	4	5	6
I. Did you feel tired?	1	2	3	4	5	6

Q10. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (check one box)

- ₁ All of the time
- ₂ Most of the time
- ₃ Some of the time
- ₄ A little of the time
- ₅ None of the time

Q11. Please choose the answer that best describes how **true** or **false** each of the following statements is for you. (circle one answer on each line)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
A. I seem to get sick a little easier than other people.	1	2	3	4	5
B. I am as healthy as anybody I know.	1	2	3	4	5
C. I expect my health to get worse.	1	2	3	4	5
D. My health is excellent.	1	2	3	4	5

Q12a. Which are you? (check one box)

- ₁ Male
- ₂ Female

Q12b. How old were you on your last birthday? (check one box)

₁ Less than 35

₂ 35-44

₃ 45-54

₄ 55-64

₅ 65-74

₆ 75-84

₇ 85 and older

Q13. Have you ever filled out this form before? (check one box)

₁ Yes

₂ No

₃ Don't remember

DCP Questions Needed for Cost Effectiveness Analysis

Essential:

1. Employment Question (Section I - Q11)
2. Age, Date of DM Diagnosis, and Race Questions (Section I - Q1, Q5, Q7)

Often Needed:

1. Occupation Question (appendix)
2. Health Insurance Questions (Section I - Q12 and Q13)
3. Income Question (appendix)

DCP Summary

Core Questions:

Section I – Demographics (Q1 – Q14)

Section II – Health Status (Q1 – Q2)

Section III – Education / Advice Received (Q1 – Q4)

Section IV – Understanding (Q1)

Section V – Support (Q1 – Q4)

Appendices:

Section VI – Control Problems Scale

Section VII – Social and Personal Factors Scale

Section VIII – Attitudes Toward Diabetes Scales

Section IX – Diet Adherence Scales

Section X – Long-term care benefits Scale

Section XI – Exercise Barriers Scale

Section XII – Monitoring Barriers and Understanding Management Practice Subscales

(add understanding subscale to the end of Section IV)

Addition to Section I (Demographics) – Income Question (Q15)

Addition to Section I (Demographics) – Occupation Question (Q15 or Q16)

Replace Section II (Health Status) with SF-12

Replace Section II (Health Status) with SF-36