

University of Michigan Diabetes Research and Training Center

DIABETES ATTITUDE QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS

BACKGROUND:

1. Sex: Male Female
2. How old are you? _____ years old
3. How long ago were you told by a doctor that you had diabetes? _____ years
4. Which type of diabetes did your doctor say that you have?
 - insulin-dependent diabetes, also called juvenile or type 1 diabetes
 - non insulin-dependent diabetes, also called adult onset or type 2 diabetes (some people with non insulin-dependent diabetes take insulin)
5. How often does your diabetes prevent you from doing your normal daily activities (could not work or go to school)? Circle one number.

Never							Frequently
1	2	3	4	5	6	7	
6. Have you ever attended a diabetes patient education program (a series of classes)?
 No Yes (If "Yes", how many years ago? _____)
7. How would you rate your understanding of diabetes and its treatment? Circle one number.

Poor							Excellent
1	2	3	4	5	6	7	

8. How much schooling have you completed?

8th grade or less

high school graduate

some high school technical

some college or school

9. Are you now taking diabetes pills? Yes No

10. Are you now taking insulin? Yes No

11. Have you always treated your diabetes with insulin? Yes No

12. What is your height? _____ feet _____ inches

13. How much do you weigh? _____ pounds

14. Please circle the number that indicates how able you are to fit diabetes into your life in a positive manner.

Not At
All Able

Very
Able

1

2

3

4

5

6

7

15. Please circle the number that indicates how comfortable you feel asking your doctor questions about diabetes.

Not At All
Comfortable

Very
Comfortable

1

2

3

4

5

6

7

Attitudes Toward Diabetes – DES

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In general, I believe that I:					
1. ...know what part(s) of taking care of my diabetes that I am satisfied with.	()	()	()	()	()
2. ...know what part(s) of taking care of my diabetes that I am dissatisfied with.	()	()	()	()	()
3. ...know what part(s) of taking care of my diabetes that I am ready to change.	()	()	()	()	()
4. ...know what part(s) of taking care of my diabetes that I am <u>not</u> ready to change.	()	()	()	()	()
5. ...can choose realistic diabetes goals.	()	()	()	()	()
6. ...know which of my diabetes goals are most important to me.	()	()	()	()	()
7. ...know the things about myself that either help or prevent me from reaching my diabetes goals.	()	()	()	()	()
8. ...can come up with good ideas to help me reach my goals.	()	()	()	()	()
9. ...am able to turn my diabetes goals into a workable plan.	()	()	()	()	()

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In general, I believe that I:					
10. ...can reach my diabetes goals once I make up my mind.	()	()	()	()	()
11. ...know which barriers make reaching my diabetes goals more difficult.	()	()	()	()	()
12. ...can think of different ways to overcome barriers to my diabetes goals	()	()	()	()	()
13. ...can try out different ways of overcoming barriers to my diabetes goals.	()	()	()	()	()
14. ...am able to decide which way of overcoming barriers to my diabetes goals works best for me.	()	()	()	()	()
15. ...can tell how I'm feeling about having diabetes.	()	()	()	()	()
16. ...can tell how I'm feeling about caring for my diabetes	()	()	()	()	()
17. ...know the ways that having diabetes causes stress in my life.	()	()	()	()	()
18. ...know the positive ways I cope with diabetes-related stress.	()	()	()	()	()
19. ...know the negative ways I cope with diabetes-related stress.	()	()	()	()	()

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In general, I believe that I:					
20. ...can cope well with diabetes-related stress.	()	()	()	()	()
21. ...know where I can get support for having and caring for my diabetes.	()	()	()	()	()
22. ...can ask for support for having and caring for my diabetes when I need it.	()	()	()	()	()
23. ...can support myself in dealing with my diabetes.	()	()	()	()	()
24. ...know what helps me stay motivated to care for my diabetes.	()	()	()	()	()
25. ...can motivate myself to care for my diabetes.	()	()	()	()	()
26. ...know enough about diabetes to make self-care choices that are right for me.	()	()	()	()	()
27. ...know enough about myself as a person to make diabetes care choices that are right for me.	()	()	()	()	()
28. ...am able to figure out if it is worth my while to change how I take care of my diabetes.	()	()	()	()	()

Thank you very much for completing this questionnaire.
