

DIABETES SELF-EFFICACY QUESTIONNAIRE

Appendix 12

This questionnaire asks questions about living with diabetes. For each question asked, there are two columns to answer.

One column is about **how important you think that it is do** the action listed. The other column asks **how sure you are**

that you can do the action listed. Please **circle one answer in both columns for each question.**

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| Description of Action | How important <u>do you think</u> that it is to be able to: | | | | | | How sure are you <u>that you</u> <u>can do this action.</u> | | | | | |
|---|--|---|---|---|---------------------|---|--|---|---|---|----------------------|---|
| | Never Important | | | | Always Important | | Never Able to do | | | | Always Able to do | |
| 1. Prevent low blood sugar reactions when exercising. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Figure out what to do when blood sugar is high. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Adjust diabetes self-care when having a cold or flu. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Figure out what to do when blood sugar is low. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Fit diabetes plan into usual lifestyle. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Follow diabetes plan when daily routine changes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Resist overeating or missing meals when I am anxious or nervous. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Ask for support from family / friends in keeping diabetes routine. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Check feet every day. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Do activities that I enjoy while taking care of my diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Manage diabetes plan when feeling sad. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Follow my way of eating when at a party | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Exercise several times a week | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Resist overeating or missing meals when depressed or down. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Apply proper lotion to feet. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

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|---|--|---|---|---|---|---------------------|--|---|---|---|---|----------------------|
| | Never Important | | | | | Always Important | Never Able to do | | | | | Always Able to do |
| 16. Take care of my diabetes when I am frustrated. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Exercise when I don't feel like it. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Talk about the effect of diabetes on my life with family / friends. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Know about medications that I take for diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. Eat meals at the same time every day. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. Stay on my eating plan when staying with family / friends. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. Feel sure of my ability to manage diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 23. Cut toe nails the right way. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 24. Test blood when away from home. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 25. Recognize when blood sugar is high. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 26. Stay on my meal plan when people around me don't know that I have diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 27. Exchange one food for another in the same food group. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 28. Be active when there are a lot of demands at home or at work. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 29. Carry out daily diabetes care. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 30. Stop a low blood sugar reaction when having one. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

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|---|--|---|---|---|---------------------|---|--|---|---|---|----------------------|---|
| | Never Important | | | | Always Important | | Never Able to do | | | | Always Able to do | |
| 31. Know when to call a health professional about foot problems. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 32. Plan how to handle delayed meals. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 33. Avoid overeating or missing meals when angry or upset. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 34. Manage diabetes when disagreeing with family or a friend. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 35. Manage my diabetes when on holidays. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 36. Avoiding overeating or missing meals when having to say no to others. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 37. Know about “lab tests” for diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 38. Understand the effect that diabetes has on family or friends. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 39. Avoid overeating or missing meals when happy or relaxed. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 40. Be in control of diabetes so can spend time with family / friends. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 41. Be able to solve problems resulting from diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 42. Avoid overeating or missing meals when watching TV. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 43. Talk to family about their chances of getting diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 44. Take care of myself and my diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 45. Be active when feeling tired. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

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|--|--|---|---|---|---------------------|---|--|---|---|---|----------------------|---|
| | Never Important | | | | Always Important | | Never Able to do | | | | Always Able to do | |
| 46. Ask health professionals about managing diabetes care. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 47. Deal with my feelings about living with diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 48. Understand other peoples feelings about me having diabetes. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 49. Discuss concerns about diabetes complications with health professionals. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 50. Have a plan about what I need to do in case I become ill. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 51. Ask health professional to explain why a change in diabetes care is needed. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 52. Tell health professionals when I don't agree with their suggestions. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Please answer the following questions <u>only if you are taking insulin.</u> | | | | | | | | | | | | |
| 53. Give myself insulin using the proper method. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 54. Take insulin when away from home. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 55. Figure out how much insulin to take when there is a change in my usual day. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 56. Give the correct amount of insulin when having a cold or the flu. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 57. Change the amount of insulin based on blood sugar test result. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| 58. Choose a different spot to inject the insulin into each time I give myself a needle. | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |