

data can be evaluated. The revised questionnaire is preliminary, and it needs replication and use in other samples. We have deliberately placed the SDSCA in the public domain and encourage its use.

Additional self-care items are also provided that address questions of clinical interest, but for which little or no reliability and validity data are available. Six additional items address self-care recommendations. These may be useful for clarifying patient understanding of self-management goals, as well as for evaluating congruence between perceived recommendations and reported levels of self-care (adherence). The expanded version of the SDSCA may be used when a particular question is of interest to study investigators or when time permits.

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APPENDIX

The Summary of Diabetes Self-Care Activities

The questions below ask you about your diabetes self-care activities during the past 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick.

Diet

How many of the last SEVEN DAYS have you followed a healthful eating plan?

0 1 2 3 4 5 6 7

On average, over the past month, how many DAYS PER WEEK have you followed your eating plan?

0 1 2 3 4 5 6 7

On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?

0 1 2 3 4 5 6 7

On how many of the last SEVEN DAYS did you eat high fat foods such as red meat or full-fat dairy products?

0 1 2 3 4 5 6 7

Exercise

On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking).

0 1 2 3 4 5 6 7

On how many of the last SEVEN DAYS did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?

0 1 2 3 4 5 6 7

Blood Sugar Testing

On how many of the last SEVEN DAYS did you test your blood sugar?

0 1 2 3 4 5 6 7

On how many of the last SEVEN DAYS did you test your blood sugar the number of times recommended by your health care provider?

0 1 2 3 4 5 6 7

Foot Care

On how many of the last SEVEN DAYS did you check your feet?

0 1 2 3 4 5 6 7

On how many of the last SEVEN DAYS did you inspect the inside of your shoes?

0 1 2 3 4 5 6 7

Smoking

Have you smoked a cigarette-even one puff-during the past SEVEN DAYS?

0. No

1. Yes. *If yes*, how many cigarettes did you smoke on an average day?

Number of cigarettes: _____

Additional Items for the Expanded Version of the Summary of Diabetes Self-Care Activities.

Self-Care Recommendations

1A. Which of the following has your health care team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply:

a. Follow a low-fat eating plan

b. Follow a complex carbohydrate diet

c. Reduce the number of calories you eat to lose weight

d. Eat lots of food high in dietary fiber

e. Eat lots (at least 5 servings per day) of fruits and vegetables

f. Eat very few sweets (for example: desserts, non-diet sodas, candy bars)

g. Other (specify):

[white square] h. I have not been given any advice about my diet by my health care team.

2A. Which of the following has your health care team (doctor, nurse, dietitian or diabetes educator) advised you to do? Please check all that apply:

[white square] a. Get low level exercise (such as walking) on a daily basis.

[white square] b. Exercise continuously for a least 20 minutes at least 3 times a week.

[white square] c. Fit exercise into your daily routine (for example, take stairs instead of elevators, park a block away and walk, etc.)

[white square] d. Engage in a specific amount, type, duration and level of exercise.

[white square] e. Other (specify):

[white square] f. I have not been given any advice about exercise by my health care team.

3A. Which of the following has your health care team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply:

[white square] a. Test your blood sugar using a drop of blood from your finger and a color chart.

[white square] b. Test your blood sugar using a machine to read the results.

[white square] c. Test your urine for sugar.

[white square] d. Other (specify):

[white square] e. I have not been given any advice either about testing my blood or urine sugar level by my health care team.

4A. Which of the following medications for your diabetes has your doctor prescribed? Please check all that apply.

[white square] a. An insulin shot 1 or 2 times a day.

[white square] b. An insulin shot 3 or more times a day.

[white square] c. Diabetes pills to control my blood sugar level.

[white square] d. Other (specify):

[white square] e. I have not been prescribed either insulin or pills for my diabetes.

Diet

5A. On how many of the last SEVEN DAYS did you space carbohydrates evenly through the day?

0 1 2 3 4 5 6 7

Medications

6A. On how many of the last SEVEN DAYS, did you take your recommended diabetes medication?

0 1 2 3 4 5 6 7

OR

7A. On how many of the last SEVEN DAYS did you take your recommended insulin injections?

0 1 2 3 4 5 6 7

8A. On how many of the last SEVEN DAYS did you take your recommended number of diabetes pills?

0 1 2 3 4 5 6 7

Foot Care

9A. On how many of the last SEVEN DAYS did you wash your feet?

0 1 2 3 4 5 6 7

10A. On how many of the last SEVEN DAYS did you soak your feet?

0 1 2 3 4 5 6 7

11A. On how many of the last SEVEN DAYS did you dry between your toes after washing?

0 1 2 3 4 5 6 7

Smoking

12A. At your last doctor's visit, did anyone ask about your smoking status?

0. No

1. Yes

13A. If you smoke, at your last doctor's visit, did anyone counsel you about stopping smoking or

offer to refer you to a stop-smoking program?

0. No

1. Yes

2. Do not smoke.

14A. When did you last smoke a cigarette?

[white square] More than two years ago, or never smoked

[white square] One to two years ago

[white square] Four to twelve months ago

[white square] One to three months ago

[white square] Within the last month

[white square] Today

Scoring Instructions for the Summary of Diabetes Self-Care Activities \pm

Scores are calculated for each of the five regimen areas assessed by the SDSCA: Diet, Exercise, Blood-Glucose Testing, Foot-Care, and Smoking Status.

Step 1:

For items 1-10, use the number of days per week on a scale of 0-7. Note that this response scale will not allow for direct comparison with the percentages provided in [Table 1](#).

Step 2: Scoring Scales

General Diet = Mean number of days for items 1 and 2.

Specific Diet = Mean number of days for items 3, and 4, reversing item 4 (0=7, 1=6, 2=5, 3=4, 4=3, 5=2, 6=1, 7=0).

Given the *low inter-item correlations for this scale*, using the individual items is recommended.

Exercise = Mean number of days for items 5 and 6.

Blood-Glucose Testing = Mean number of days for items 7 and 8.

Foot-Care = Mean number of days for items 9 and 10.

Smoking Status = Item 11 (0 = non-smoker, 1 = smoker), and number of cigarettes smoked per day.

Scoring for Additional Items \pm

Recommended regimen = Items 1A - 4A, and items 12A - 14A, no scoring required.

Diet = Use total number of days for item 5A.

Medications = Use item 6A - OR - 7A AND 8A, use total number of days for item 6A, use mean number of days if both 7A and 8A are applicable.

Foot-Care = Mean number of days for items 9A - 11A, after reversing 10A and including items 9 and 10 from the brief version. [\[Context Link\]](#)

References \pm

1. Etzwiler DD: Diabetes translation: a blue-print for the future. *Diabetes Care* 17 (Suppl. 1):1-4, 1994 [\[Context Link\]](#)
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