

**Perceptions About Medications-Diabetes 21 Japanese version
(PAM-D21-J) Questionnaire**

Below are some general statements that people with diabetes might mention about their diabetes medications. In the past 4 weeks, how often have the following statements about taking your injectable diabetes medication applied to you? Please circle only one number on each line.

	All of the time	Most of the time	Some of the time	None of the time
The frequency with which I have to take my injectable diabetes medication is acceptable to me.	1	2	3	4
The amount of my new injectable medication that I need to take is acceptable to me.	1	2	3	4
The timing of taking my injectable diabetes medication is acceptable to me.	1	2	3	4
	All of the time	Most of the time	Some of the time	None of the time
I feel like my injectable diabetes medication is....				
working well for me.	1	2	3	4
making me feel better.	1	2	3	4
keeping my blood sugars stable.	1	2	3	4

Persons with diabetes often talk about emotional side effects from taking diabetes medications. How often, in the past 4 weeks, have you felt the following emotions as a result of taking your injectable diabetes medication? Please circle only one number on each line.

	All of the time	Most of the time	Some of the time	None of the time
Forgetful	1	2	3	4
Irritable	1	2	3	4
Frustrated	1	2	3	4
Nervous	1	2	3	4
Depressed	1	2	3	4

Persons with diabetes often talk about physical side effects from taking diabetes medication. In the past 4 weeks, how often have you felt the following physical side effects and problems as a result of taking your injectable diabetes medication? If you experienced the side effect at all in the past 4 weeks how much were you bothered by the side effect? Please circle only one number on each line.

	In the past 4 weeks, have you felt the following physical side effects or problems as a result of taking your injectable diabetes medication?		If you experienced this side effect in the past 4 weeks, how much were you bothered by the side effect? <i>If you answered "No" that you have not experienced this side effect, then please leave this question blank.</i>				
	No	Yes	Not at all	A little bit	Moderately	Quite a bit	Extremely
Feet or hands swelling	0	→	1	2	3	4	5
Headaches	0	→	1	2	3	4	5
Weight gain	0	→	1	2	3	4	5
Dizziness or lightheadedness	0	→	1	2	3	4	5
Bloating or gas	0	→	1	2	3	4	5
Diarrhea	0	→	1	2	3	4	5
Excessive sweating	0	→	1	2	3	4	5
Itching	0	→	1	2	3	4	5
Upset stomach (nausea)	0	→	1	2	3	4	5
Sleepy	0	→	1	2	3	4	5