

Diabetes Self-Management Questionnaire (DSMQ)

The following statements describe self-care activities related to your diabetes. Thinking about your self-care over the last 8 weeks , please specify the extent to which each statement applies to you.	applies to me very much	applies to me to a considerable degree	applies to me to some degree	does not apply to me
1. I check my blood sugar levels with care and attention. <input type="checkbox"/> <i>Blood sugar measurement is not required as a part of my treatment.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. The food I choose to eat makes it easy to achieve optimal blood sugar levels.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. I keep all doctors' appointments recommended for my diabetes treatment.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I take my diabetes medication (e. g. insulin, tablets) as prescribed. <input type="checkbox"/> <i>Diabetes medication/insulin is not required as a part of my treatment.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Occasionally I eat lots of sweets or other foods rich in carbohydrates.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. I record my blood sugar levels regularly (or analyse the value chart with my blood glucose meter). <input type="checkbox"/> <i>Blood sugar measurement is not required as a part of my treatment.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. I tend to avoid diabetes-related doctors' appointments.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. I do regular physical activity to achieve optimal blood sugar levels.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. I strictly follow the dietary recommendations given by my doctor or diabetes specialist.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. I do not check my blood sugar levels frequently enough as would be required for achieving good blood glucose control. <input type="checkbox"/> <i>Blood sugar measurement is not required as a part of my treatment.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11. I avoid physical activity, although it would improve my diabetes.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12. I tend to forget to take or skip my diabetes medication (e. g. insulin, tablets). <input type="checkbox"/> <i>Diabetes medication/insulin is not required as a part of my treatment.</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13. Sometimes I have real 'food binges' (not triggered by hypoglycaemia).	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. Regarding my diabetes care, I should see my medical practitioner(s) more often.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. I tend to skip planned physical activity.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. My diabetes self-care is poor.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0