

# TODAY2 Form DDS, Diabetes Distress Scale

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Release Participant ID

   

Release Visit Number

1. Days since randomization

*Instructions: This form is completed by the participant to record and evaluate, in a standardized manner, diabetes distress. The form is administered once during a participant's final TODAY2 annual visit.*

**Directions:** Consider the degree to which each of the 17 items may have distressed or bothered you **during the past month** and circle the appropriate number. Indicate the degree to which each item may be bothering you, NOT whether the item is merely true for you. If a particular item is not a bother/problem for you, circle "1". If it is very bothersome to you, you might circle "6".

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem	
2. Feeling that diabetes is taking up too much of my mental and physical energy every day.	1	2	3	4	5	6	<input type="text" value="DSMENTAL"/>
3. Feeling that my doctor doesn't know enough about diabetes and diabetes care.	1	2	3	4	5	6	<input type="text" value="DSDOCTOR"/>
4. Not feeling confident in my day-to-day ability to manage diabetes.	1	2	3	4	5	6	<input type="text" value="DSDAY"/>
5. Feeling angry, scared and/or depressed when I think about living with diabetes.	1	2	3	4	5	6	<input type="text" value="DSANGRY"/>
6. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	1	2	3	4	5	6	<input type="text" value="DSDIRECT"/>
7. Feeling that I am not testing my blood sugars frequently enough.	1	2	3	4	5	6	<input type="text" value="DSTEST"/>
8. Feeling that I will end up with serious long-term complications, no matter what I do.	1	2	3	4	5	6	<input type="text" value="DSCOMP"/>
9. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6	<input type="text" value="DSFAIL"/>

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RELEASEID

   

PVISIT

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10. Feeling that friends or family are not supportive enough of self-care efforts (e.g. planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods).	1	2	3	4	5	6	DSSUPPORT
11. Feeling that diabetes controls my life.	1	2	3	4	5	6	DSCONTROL
12. Feeling that my doctor doesn't take my concerns seriously enough.	1	2	3	4	5	6	DSSERIOUS
13. Feeling that I am not sticking closely enough to a good meal plan.	1	2	3	4	5	6	DSMEAL
14. Feeling that friends or family don't appreciate how difficult living with diabetes can be.	1	2	3	4	5	6	DSAPPREC
15. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6	DSOVER
16. Feeling that I don't have a doctor who I can see regularly enough about my diabetes.	1	2	3	4	5	6	DSSEEDOC
17. Not feeling motivated to keep up my diabetes self management.	1	2	3	4	5	6	DSMOTIV
18. Feeling that friends or family don't give me the emotional support that I would like.	1	2	3	4	5	6	DSEMOT