Module 21

SEARCH Diabetes Eating Problem Survey (DEPS-R) for age 10 and older

Living with diabetes can sometimes be difficult, particularly regarding eating and diabetes management. Listed below are a variety of attitudes and behaviors regarding diabetes management. For each statement, check the **ONE** answer that indicates how often this is true for you during the **PAST MONTH.**

	Never	Rarely	Some-times	Often	Usually	Always
1. Losing weight is an important goal to me. {losingWeight_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2. I skip meals and/or snacks. {skipMeals_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3. Other people have told me that my eating is out of control. {eatControl_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4. When I overeat, I don't take enough insulin or medication to cover the food. {overeatInsulin_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5. I eat more when I am alone than when I am with others. {eatMoreAlone_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6. I feel that it's difficult to lose weight and control my diabetes at the same time. {diffWeightControl_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
7. I avoid checking my blood sugar when I feel like it is out of range. {notCheckBS_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
8. I make myself vomit. {makeVomit_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
9. I try to keep my blood sugar high so that I will lose weight. {bsHighWeight_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
10. I try to eat to the point of spilling ketones in my urine. {spillKetones_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
11. I feel fat when I take all of my medication. {feelFat_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
12. Other people tell me to take better care of my diabetes. {tellBetterCare_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
13. After I overeat, I skip my next insulin or medication dose. {overeatSkipIns_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
14. I feel that my eating is out of control. {eatOutControl_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
15. I alternate between eating very little and eating huge amounts. {altEatAmount_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
16. I would rather be thin than to have good control of my diabetes. {ratherBeThin_DEPS}	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

► *Please answer one additional question.*

17. I take less insulin than I should.   1 ☐ Yes   2 ☐ No   3 ☐ N/A (I don't take insulin)
{takeLessIns_DEPS}