

## THE DIABETES DISTRESS SCREENING SCALE

**DIRECTIONS:** Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 2 potential problem areas that people with diabetes may experience. Consider the degree to which each of the 2 items may have distressed or bothered you DURING THE PAST MONTH and circle the appropriate number.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would circle "1". If it is very bothersome to you, you might circle "6".

|                                                                | Not a<br>Problem | A Slight<br>Problem | A<br>Moderate<br>Problem | Somewhat<br>Serious<br>Problem | A Serious<br>Problem | A Very<br>Serious<br>Problem |
|----------------------------------------------------------------|------------------|---------------------|--------------------------|--------------------------------|----------------------|------------------------------|
| 1. Feeling overwhelmed by the demands of living with diabetes. | 1                | 2                   | 3                        | 4                              | 5                    | 6                            |
| 2. Feeling that I am often failing with my diabetes routine.   | 1                | 2                   | 3                        | 4                              | 5                    | 6                            |

## DDS

**DIRECTIONS:** Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 17 potential problem areas that people with diabetes may experience. 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.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|--------------------|--------------------------|-------------------|------------------------|
| 1. Feeling that diabetes is taking up too much of my mental and physical energy every day.                                                                                           | 1             | 2                | 3                  | 4                        | 5                 | 6                      |
| 2. Feeling that my doctor doesn't know enough about diabetes and diabetes care.                                                                                                      | 1             | 2                | 3                  | 4                        | 5                 | 6                      |
| 3. Feeling angry, scared, and/or depressed when I think about living with diabetes.                                                                                                  | 1             | 2                | 3                  | 4                        | 5                 | 6                      |
| 4. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.                                                                                      | 1             | 2                | 3                  | 4                        | 5                 | 6                      |
| 5. Feeling that I am not testing my blood sugars frequently enough.                                                                                                                  | 1             | 2                | 3                  | 4                        | 5                 | 6                      |
| 6. Feeling that I am often failing with my diabetes routine.                                                                                                                         | 1             | 2                | 3                  | 4                        | 5                 | 6                      |
| 7. 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                      |
| 8. Feeling that diabetes controls my life.                                                                                                                                           | 1             | 2                | 3                  | 4                        | 5                 | 6                      |

|                                                                                                | <b>Not a Problem</b> | <b>A Slight Problem</b> | <b>A Moderate Problem</b> | <b>Somewhat Serious Problem</b> | <b>A Serious Problem</b> | <b>A Very Serious Problem</b> |
|------------------------------------------------------------------------------------------------|----------------------|-------------------------|---------------------------|---------------------------------|--------------------------|-------------------------------|
| 9. Feeling that my doctor doesn't take my concerns seriously enough.                           | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 10. Not feeling confident in my day-to-day ability to manage diabetes.                         | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 11. Feeling that I will end up with serious long-term complications, no matter what I do.      | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 12. Feeling that I am not sticking closely enough to a good meal plan.                         | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 13. Feeling that friends or family don't appreciate how difficult living with diabetes can be. | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 14. Feeling overwhelmed by the demands of living with diabetes.                                | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 15. Feeling that I don't have a doctor who I can see regularly enough about my diabetes.       | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 16. Not feeling motivated to keep up my diabetes self management.                              | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |
| 17. Feeling that friends or family don't give me the emotional support that I would like.      | 1                    | 2                       | 3                         | 4                               | 5                        | 6                             |

## DDS17 SCORING SHEET

### INSTRUCTIONS FOR SCORING:

The DDS17 yields a total diabetes distress scale score plus 4 sub scale scores, each addressing a different kind of distress. To score, simply sum the patient's responses to the appropriate items and divide by the number of items in that scale. The letter in the far right margin corresponds to that item's subscale as listed below. **We consider a mean item score of 3 or higher (moderate distress) as a level of distress worthy of clinical attention.** Place a check on the line to the far right if the mean item score is  $\geq 3$  to highlight an above-range value.

We also suggest reviewing the patient's responses across all items, regardless of mean item scores. It may be helpful to inquire further or to begin a conversation about any single item scored 3 or higher.

#### Total DDS Score:

- |                           |              |                |
|---------------------------|--------------|----------------|
| a. Sum of 17 item scores. | _____        |                |
| b. Divide by:             | _____17_____ |                |
| c. Mean item score:       | _____        | $\geq 3$ _____ |

#### A. Emotional Burden:

- |                                     |             |                |
|-------------------------------------|-------------|----------------|
| a. Sum of 5 items (1, 3, 8, 11, 14) | _____       |                |
| b. Divide by:                       | _____5_____ |                |
| c. Mean item score:                 | _____       | $\geq 3$ _____ |

#### B. Physician-related Distress:

- |                                 |             |                |
|---------------------------------|-------------|----------------|
| a. Sum of 4 items (2, 4, 9, 15) | _____       |                |
| b. Divide by:                   | _____4_____ |                |
| c. Mean item score:             | _____       | $\geq 3$ _____ |

#### C. Regimen-related Distress:

- |                                      |             |                |
|--------------------------------------|-------------|----------------|
| a. Sum of 5 items (5, 6, 10, 12, 16) | _____       |                |
| b. Divide by:                        | _____5_____ |                |
| c. Mean item score:                  | _____       | $\geq 3$ _____ |

#### D. Interpersonal Distress:

- |                               |             |                |
|-------------------------------|-------------|----------------|
| a. Sum of 3 items (7, 13, 17) | _____       |                |
| b. Divide by:                 | _____3_____ |                |
| c. Mean item score:           | _____       | $\geq 3$ _____ |