

The Summary of Diabetes Self- Care Activities *

The questions below ask you about your diabetes self-care activities during the past 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were not sick.

<p>Diet How many of the last SEVEN DAYS have you followed a healthful eating plan?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	<p>On how many of the last SEVEN DAYS did you participate in a specific exercise session (such as swimming, walking, biking) other than what you do around the house or as part of your work?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	<p>Smoking Have you smoked a cigarette—even one puff—during the past SEVEN DAYS? 0. No 1. Yes. <i>If yes</i>, how many cigarettes did you smoke on an average day? Number of cigarettes:</p>
<p>On average, over the past month, how many DAYS PER WEEK have you followed your eating plan?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	<p>Blood Sugar Testing On how many of the last SEVEN DAYS did you test your blood sugar?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	
<p>On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	<p>On how many of the last SEVEN DAYS did you test your blood sugar the number of times recommended by your health care provider?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	
<p>On how many of the last SEVEN DAYS did you eat high fat foods such as red meat or full-fat dairy products?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	<p>Foot Care On how many of the last SEVEN DAYS did you check your feet?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	
<p>Exercise On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking).</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	<p>On how many of the last SEVEN DAYS did you inspect the inside of your shoes?</p> <p style="text-align: center;">0 1 2 3 4 5 6 7</p>	
Additional Items for the Expanded Version of the Summary of Diabetes Self-Care Activities.		
<p>Self-Care Recommendations 1A. Which of the following has your health care team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply: _ a. Follow a low-fat eating plan _ b. Follow a complex carbohydrate diet _ c. Reduce the number of</p>	<p>2A. Which of the following has your health care team (doctor, nurse, dietitian or diabetes educator) advised you to do? Please check all that apply: _ a. Get low level exercise (such as walking) on a daily basis. _ b. Exercise continuously for a least 20 minutes at least 3 times a week.</p>	<p>3A. Which of the following has your health care team (doctor, nurse, dietitian, or diabetes educator) advised you to do? Please check all that apply: _ a. Test your blood sugar using a drop of blood from your finger and a color chart. _ b. Test your blood sugar using a machine to read the results.</p>

<p>calories you eat to lose weight</p> <p><input type="checkbox"/> d. Eat lots of food high in dietary fiber</p> <p><input type="checkbox"/> e. Eat lots (at least 5 servings per day) of fruits and vegetables</p> <p><input type="checkbox"/> f. Eat very few sweets (for example: desserts, non-diet sodas, candy bars)</p> <p><input type="checkbox"/> g. Other (specify):</p> <p><input type="checkbox"/> h. I have not been given any advice about my diet by my health care team.</p>	<p><input type="checkbox"/> c. Fit exercise into your daily routine (for example, take stairs instead of elevators, park a block away and walk, etc.)</p> <p><input type="checkbox"/> d. Engage in a specific amount, type, duration and level of exercise.</p> <p><input type="checkbox"/> e. Other (specify):</p> <p><input type="checkbox"/> f. I have not been given any advice about exercise by my health care team.</p>	<p><input type="checkbox"/> c. Test your urine for sugar.</p> <p><input type="checkbox"/> d. Other (specify):</p> <p><input type="checkbox"/> e. I have not been given any advice either about testing my blood or urine sugar level by my health care team.</p>
<p>4A. Which of the following medications for your diabetes has your doctor prescribed? Please check all that apply.</p> <p><input type="checkbox"/> a. An insulin shot 1 or 2 times a day.</p> <p><input type="checkbox"/> b. An insulin shot 3 or more times a day.</p> <p><input type="checkbox"/> c. Diabetes pills to control my blood sugar level.</p> <p><input type="checkbox"/> d. Other (specify):</p> <p><input type="checkbox"/> e. I have not been prescribed either insulin or pills for my diabetes.</p>	<p>Diet</p> <p>5A. On how many of the last SEVEN DAYS did you space carbohydrates evenly through the day?</p> <p>0 1 2 3 4 5 6 7</p>	<p>Medications</p> <p>6A. On how many of the last SEVEN DAYS, did you take your recommended diabetes medication?</p> <p>0 1 2 3 4 5 6 7</p> <p>OR</p> <p>7A. On how many of the last SEVEN DAYS did you take your recommended insulin injections?</p> <p>0 1 2 3 4 5 6 7</p>
<p>8A. On how many of the last SEVEN DAYS did you take your recommended number of diabetes pills?</p> <p>0 1 2 3 4 5 6 7</p>	<p>Foot Care</p> <p>9A. On how many of the last SEVEN DAYS did you wash your feet?</p> <p>0 1 2 3 4 5 6 7</p>	<p>10A. On how many of the last SEVEN DAYS did you soak your feet?</p> <p>0 1 2 3 4 5 6 7</p>
<p>11A. On how many of the last SEVEN DAYS did you dry between your toes after washing?</p> <p>0 1 2 3 4 5 6 7</p>	<p>12A. At your last doctor's visit, did anyone ask about your smoking status?</p> <p>0 yes</p> <p>1 no</p>	<p>13A. If you smoke, at your last doctor's visit, did anyone counsel you about stopping smoking or offer to refer you to a stop-smoking program?</p> <p>0. No</p> <p>1. Yes</p> <p>2. Do not smoke.</p>
<p>14A. When did you last smoke a cigarette?</p> <p><input type="checkbox"/> More than two years ago, or never smoked</p> <p><input type="checkbox"/> One to two years ago</p> <p><input type="checkbox"/> Four to twelve months ago</p> <p><input type="checkbox"/> One to three months ago</p> <p><input type="checkbox"/> Within the last month</p> <p><input type="checkbox"/> Today</p>		

Scoring Instructions for the Summary of Diabetes Self-Care Activities

Scores are calculated for each of the five regimen areas assessed by the SDSCA: Diet, Exercise, Blood-Glucose Testing, Foot-Care, and Smoking Status.

Step 1:

For items 1–10, use the number of days per week on a scale of 0–7. Note that this response scale will not allow for direct comparison with the percentages provided in Table 1.

Step 2: Scoring Scales

General Diet = Mean number of days for items 1 and 2.

Specific Diet = Mean number of days for items 3, and 4, reversing item 4 (0=7, 1=6, 2=5, 3=4, 4=3, 5=2, 6=1, 7=0). Given the *low inter-item correlations for this scale*, using the individual items is recommended.

Exercise = Mean number of days for items 5 and 6.

Blood-Glucose Testing = Mean number of days for items 7 and 8.

Foot-Care = Mean number of days for items 9 and 10.

Smoking Status = Item 11 (0 = nonsmoker, 1 = smoker), and number of cigarettes smoked per day.

Scoring for Additional Items

Recommended regimen = Items 1A - 4A, and items 12A - 14A, no scoring required.

Diet = Use total number of days for item 5A.

Medications = Use item 6A - OR - 7A AND 8A, use total number of days for item 6A, use mean number of days if both 7A and 8A are applicable.

Foot-Care = Mean number of days for items 9A - 11A, after reversing 10A and including items 9 and 10 from the brief version.

* Toobert et al. *The Summary of Diabetes Self-Care Activities Measure*. *Diabetes Care*, 23(7) July 2000: 943-950.