

# Problem Areas In Diabetes (PAID) Scale

**Instructions:** Which of the following diabetes issues are **currently** a problem for you? Tick the box that gives the best answer for you. Please provide an answer for each question.

	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1 Not having clear and concrete goals for your diabetes care?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 Feeling discouraged with your diabetes treatment plan?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 Feeling scared when you think about living with diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 Uncomfortable social situations related to your diabetes care (e.g. people telling you what to eat)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 Feelings of deprivation regarding food and meals?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 Feeling depressed when you think about living with diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 Not knowing if your mood or feelings are related to your diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 Feeling overwhelmed by your diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 Worrying about low blood glucose reactions?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Feeling angry when you think about living with diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11 Feeling constantly concerned about food and eating?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12 Worrying about the future and the possibility of serious complications?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 Feelings of guilt or anxiety when you get off track with your diabetes management?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 Not accepting your diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15 Feeling unsatisfied with your diabetes physician?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16 Feeling that diabetes is taking up too much of your mental and physical energy every day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17 Feeling alone with your diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18 Feeling that your friends and family are not supportive of your diabetes management efforts?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19 Coping with complications of diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20 Feeling burned out by the constant effort needed to manage diabetes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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## Background

The Problem Areas In Diabetes (PAID) scale is a well-validated, psychometrically robust questionnaire with 20 items.<sup>1</sup> It is sometimes referred to as the PAID-20, to distinguish it from the eleven-item (PAID-11),<sup>2</sup> five-item (PAID-5), and one-item (PAID-1) short forms.<sup>3</sup>

## How to Use the PAID in Clinical Practice

Respondents are asked to indicate the degree to which each of the items is currently a problem for them, from 0 (not a problem) to 4 (a serious problem).

Clinically, the PAID can be used two ways:

1. Taking note of the higher scoring items and using these to start a conversation (sources of diabetes distress).
2. Calculating a total score (e.g., to assess change over time). The total score provides an indication of the severity of diabetes distress.



For tips about using questionnaires, see “Using Questionnaires to Inform Appointments” (pages 10 and 11 in the guide).

## Interpretation of Scores

The scores for each item are summed, then multiplied by 1.25 to generate a total score out of 100.

- › Total scores of 40 and above: severe diabetes distress.<sup>4</sup>
- › Individual items scored 3 or 4: moderate to severe distress;<sup>4</sup> to be discussed during the appointment following completion of the questionnaire.

## References

1. Polonsky WH, Anderson BJ, et al. Assessment of diabetes-related distress. *Diabetes Care*. 1995;18(6):754-60.
2. Stanulewicz N, Mansell P, et al. PAID-11: A brief measure of diabetes distress validated in adults with type 1 diabetes. *Diabetes Research and Clinical Practice*. 2019;149:27-38.
3. McGuire BE, Morrison TG, et al. Short-form measures of diabetes-related emotional distress: The Problem Areas In Diabetes Scale (PAID)-5 and PAID-1. *Diabetologia*. 2010;53(1):66-9.
4. Snoek FJ, Kersch NYA, et al. Monitoring of Individual Needs in Diabetes (MIND): baseline data from the cross-national Diabetes Attitudes, Wishes, and Needs (DAWN) MIND study. *Diabetes Care*. 2011;34(3):601-3.

# Diabetes Distress Scale (DDS-17)

**Instructions:** 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	Slight problem	Moderate problem	Somewhat serious problem	Serious problem	Very serious problem
<b>1</b> Feeling that diabetes is taking up too much of my mental and physical energy every day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>2</b> Feeling that my doctor doesn't know enough about diabetes and diabetes care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>3</b> Not feeling confident in my day-to-day ability to manage diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>4</b> Feeling angry, scared, and/or depressed when I think about living with diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>5</b> Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>6</b> Feeling that I am not testing my blood sugars frequently enough.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>7</b> Feeling that I will end up with serious long-term complications, no matter what I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>8</b> Feeling that I am often failing with my diabetes routine.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>9</b> 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).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>10</b> Feeling that diabetes controls my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>11</b> Feeling that my doctor doesn't take my concerns seriously enough.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>12</b> Feeling that I am not sticking closely enough to a good meal plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>13</b> Feeling that friends or family don't appreciate how difficult living with diabetes can be.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>14</b> Feeling overwhelmed by the demands of living with diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>15</b> Feeling that I don't have a doctor who I can see regularly enough about my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>16</b> Not feeling motivated to keep up my diabetes self management.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>17</b> Feeling that friends or family don't give me the emotional support that I would like.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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# Type 1 Diabetes Distress Scale (T1-DDS)

**Instructions:** Living with type 1 diabetes can be tough. Listed below are a variety of distressing things that many people with type 1 diabetes experience. Thinking back over the past month, please indicate the degree to which each of the following may have been a problem for you by circling the appropriate number. For example, if you feel that a particular item was not a problem for you over the past month, you would circle 1. If it was very tough for you over the past month, you might circle 6.

	Not a problem	Slight problem	Moderate problem	Somewhat serious problem	Serious problem	Very serious problem
1 Feeling that I am not as skilled at managing diabetes as I should be.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2 Feeling that I don't eat as carefully as I probably should.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3 Feeling that I don't notice the warning signs of hypoglycemia as well as I used to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4 Feeling that people treat me differently when they find out I have diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5 Feeling discouraged when I see high blood glucose numbers that I can't explain.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6 Feeling that my family and friends make a bigger deal out of diabetes than they should.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7 Feeling that I can't tell my diabetes doctor what is really on my mind.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8 Feeling that I am not taking as much insulin as I should.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9 Feeling that there is too much diabetes equipment and stuff I must always have with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10 Feeling like I have to hide my diabetes from other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11 Feeling that my friends and family worry more about hypoglycemia than I want them to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12 Feeling that I don't check my blood glucose level as often as I probably should.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13 Feeling worried that I will develop serious long-term complications, no matter how hard I try.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14 Feeling that I don't get help I really need from my diabetes doctor about managing diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15 Feeling frightened that I could have a serious hypoglycemic event when I'm asleep.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16 Feeling that thoughts about food and eating control my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17 Feeling that my friends or family treat me as if I were more fragile or sick than I really am.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
18 Feeling that my diabetes doctor doesn't really understand what it's like to have diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19 Feeling concerned that diabetes may make me less attractive to employers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20 Feeling that my friends or family act like "diabetes police" (bother me too much).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

- |           |   |                          |                          |                          |                          |                          |                          |
|-----------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>21</b> | Feeling that I've got to be perfect with my diabetes management.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>22</b> | Feeling frightened that I could have a serious hypoglycemic event while driving.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>23</b> | Feeling that my eating is out of control.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>24</b> | Feeling that people will think less of me if they knew I had diabetes.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>25</b> | Feeling that no matter how hard I try with my diabetes, it will never be good enough.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>26</b> | Feeling that my diabetes doctor doesn't know enough about diabetes and diabetes care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>27</b> | Feeling that I can't ever be safe from the possibility of a serious hypoglycemic event. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>28</b> | Feeling that I don't give my diabetes as much attention as I probably should.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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## Background

The Diabetes Distress Scale (DDS) scale has 17 items (4 subscales and total score) and is used primarily with adults with type 2 diabetes. The T1-DDS has 28 items (7 subscales and total score) designed specifically for type 1 diabetes. Both are psychometrically robust and well validated.

## How to Use the DDS/T1-DDS in Clinical Practice

Respondents are asked to indicate the degree to which each of the items is currently a problem for them, from 1 (not a problem) to 6 (a very serious problem).

Clinically, the DDS and T1-DDS can be used two ways:

1. Taking note of the higher scoring items and/or subscales and using these to start a conversation (sources of diabetes distress).
2. Calculating a total score (e.g., to assess change over time). The total score provides an indication of the severity of diabetes distress.



For tips about using questionnaires, see “Using Questionnaires to Inform Appointments” (pages 10 and 11 in the guide).

## Interpretation of Scores

› The DDS<sup>1</sup> yields a total diabetes distress score plus 4 subscale scores, each addressing a different kind of distress (emotional burden, regimen, interpersonal, and physician distress).

› The T1-DDS<sup>2</sup> yields a total diabetes distress score plus 7 subscale scores (powerlessness, management, hypoglycemia, family and friends, physician, negative social perceptions, and eating distress).

› To score, simply add the person’s responses to the appropriate items and divide by the number of items in that subscale or all items for the total scale score (see <https://diabetesdistress.org/> for subscale scoring). Total mean distress scores on the DDS or T1-DDS in the 1–1.9 are considered low distress, scores of 2–2.9 indicate moderate distress, and scores of 3.0 or greater indicate severe diabetes distress.<sup>3</sup>

› Individual items scored 3.0 or greater—“moderate to severe distress”—need to be discussed during the appointment following completion of the questionnaire.

## References

1. Polonsky WH, Fisher L, et al. Assessing psychosocial distress in diabetes development of the Diabetes Distress Scale. *Diabetes Care*. 2005;28(3):626-31.
2. Fisher L, Polonski WH, et al., Understanding the sources of diabetes distress in adults with type 1 diabetes. *Journal of Diabetes and its Complications*. 2015;29(4):572-7
3. Fisher L, Hessler D, et al. When is diabetes distress clinically meaningful? Establishing cut points for the Diabetes Distress Scale. *Diabetes Care*. 2012;35(2):259-264.

# The Hypoglycemia Fear Survey-II (HFS-II W)

**I. Behavior Instructions:** Below is a list of things people with diabetes sometimes do in order to avoid low blood sugar and its consequences. Circle one of the numbers to the right that best describes what you have done during the last 6 months in your daily routine to AVOID low blood sugar and its consequences. **(Please do not skip any!)**

To avoid low blood sugar and how it affects me, I...	Never	Rarely	Sometimes	Often	Almost always
1 Ate large snacks.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 Tried to keep my blood sugar above 150.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3 Reduced my insulin when my blood sugar was low.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4 Measured my blood sugar six or more times a day.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 Made sure I had someone with me when I went out.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 Limited my out of town travel.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 Limited my driving (car, truck, or bicycle).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 Avoided visiting friends.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 Stayed at home more than I liked.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Limited my exercise/physical activity.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11 Made sure there were other people around.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12 Avoided sex.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13 Kept my blood sugar higher than usual in social situations.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14 Kept my blood sugar higher than usual when doing important tasks.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15 Had people check on me several times during the day or night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**II. Worry Instructions:** Below is a list of concerns people with diabetes sometimes have about low blood sugar. Please read each item carefully (do not skip any). Circle one of the numbers to the right that best describes how often in the last 6 months you WORRIED about each item because of low blood sugar.

Because my blood sugar could go low, I worried about...	Never	Rarely	Sometimes	Often	Almost always
16 Not recognizing/realizing I was having low blood sugar.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17 Not having food, fruit, or juice available.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18 Passing out in public.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19 Embarrassing myself or my friends in a social situation.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20 Having a hypoglycemic episode while alone.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21 Appearing stupid or drunk.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22 Losing control.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23 No one being around to help me during a hypoglycemic episode.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24 Having a hypoglycemic episode while driving.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

<b>25</b> Making a mistake or having an accident.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>26</b> Getting a bad evaluation or being criticized.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>27</b> Difficulty thinking clearly when responsible for others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>28</b> Feeling lightheaded or dizzy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>29</b> Accidentally injuring myself or others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>30</b> Permanent injury or damage to my health or body.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>31</b> Low blood sugar interfering with important things I was doing.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>32</b> Becoming hypoglycemic during sleep.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>33</b> Getting emotionally upset and difficult to deal with.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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## Background

The Hypoglycemia Fear Survey-II is a 33-item questionnaire with a Behavior Subscale and a Worry Subscale.<sup>1</sup> It was developed to assess specific behaviors people with diabetes engage in to avoid hypoglycemia and its negative consequences and the concerns people with diabetes may have related to their risk of having hypoglycemia.



For tips about using questionnaires, see “Using Questionnaires to Inform Appointments” (pages 10 and 11 in the guide).

## How to Use the HFS-II Fear Survey in Clinical Practice

Respondents are asked to indicate how much they engaged in or worried about each item during the last six months. This timeframe can be adapted. Each item is measured on a five-point scale ranging from 0 (never) to 4 (almost always).

Take note of the higher scoring items (especially scores of 3 and 4) and use these to start a conversation about their worries about hypoglycemia.

## References

1. Gonder-Frederick LA, Schmidt KM, et al. Psychometric properties of the Hypoglycemia Fear Survey-II for adults with type 1 diabetes. *Diabetes Care*. 2011;34(4):801-6.



# Insulin Treatment Appraisal Scale (ITAS)

**Instructions:** The following questions are about your perception of taking insulin for your diabetes. If you do not use insulin therapy, please answer each question from your current knowledge and thoughts about what insulin therapy would be like. Tick the box that indicates to what extent you agree or disagree with each of the following statements (select one option on each line).

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
<b>1</b> Taking insulin means I have failed to manage my diabetes with diet and pills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>2</b> Taking insulin means my diabetes has become much worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>3</b> Taking insulin helps to prevent complications of diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>4</b> Taking insulin means other people see me as a sicker person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>5</b> Taking insulin makes life less flexible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>6</b> I'm afraid of injecting myself with a needle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>7</b> Taking insulin increases the risk of low blood glucose levels (hypoglycemia)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>8*</b> Taking insulin helps to improve my health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>9</b> Insulin causes weight gain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>10</b> Managing insulin injections takes a lot of time and energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>11</b> Taking insulin means I have to give up activities I enjoy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>12</b> Taking insulin means my health will deteriorate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>13</b> Injecting insulin is embarrassing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>14</b> Injecting insulin is painful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>15</b> It is difficult to inject the right amount of insulin correctly at the right time every day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>16</b> Taking insulin makes it more difficult to fulfill my responsibilities (at work, at home)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>17*</b> Taking insulin helps to maintain good control of blood glucose	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>18</b> Being on insulin causes family and friends to be more concerned about me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>19*</b> Taking insulin helps to improve my energy level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>20</b> Taking insulin makes me more dependent on my doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

\* Positive appraisal subscale.

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## Background

The Insulin Treatment Appraisal Scale (ITAS) is a 20-item questionnaire for measuring a person's perceptions of insulin use.<sup>1</sup> The ITAS comprises two subscales:

- › positive appraisal (four positive statements about insulin, such as “*Taking insulin helps to improve my health*”)
- › and negative appraisal (16 negative statements about insulin, such as “*Taking insulin is embarrassing*”).

## How to Use the ITAS in Clinical Practice

Respondents are asked to indicate their level of agreement with each statement. Items are scored from 1 (strongly disagree) to 5 (strongly agree). The most useful way to use this questionnaire clinically is to “eyeball” the responses to individual items. Positive appraisal subscale items that scored two or lower, and negative appraisal subscale items that scored four or higher indicate likely barriers to insulin use and require further discussion.



For tips about using questionnaires, see “Using Questionnaires to Inform Appointments” (pages 10 and 11 in the guide).

## Interpretation of Scores

**Positive appraisal subscale:** items 3, 8, 17, and 19 are summed to produce a score between 4 and 20, with higher scores indicating more positive attitudes towards insulin.

- › Positive appraisal subscale items have been marked with an asterisk on the previous page.

**Negative appraisal subscale:** all 16 remaining items are summed to produce a score between 16 and 80, with higher scores indicating more negative attitudes to insulin.

**Total score:** a score ranging from 20 to 100 is produced by reverse-scoring the positive items, then adding together all 20 items, with higher scores indicating more negative attitudes towards insulin.

- › Although it is possible to calculate a total score on the ITAS, there are no ITAS cut-off values to indicate a presence or severity of psychological barriers. For this reason, calculating a total score is mostly useful only for research purposes or to measure changes over time.
- › Research has demonstrated that it is preferable to use the positive and negative appraisal subscale scores separately, rather than the total score.<sup>2</sup>



Many people endorse the benefits of insulin despite having reservations about its use. So, endorsement of positive appraisals of insulin does not suggest an absence of psychological barriers.

## References

1. Snoek F, Skovlund S, et al. Development and validation of the insulin treatment appraisal scale (ITAS) in patients with type 2 diabetes. *Health and Quality of Life Outcomes*. 2007;5(1):69.
2. Holmes-Truscott E, Pouwer F, et al. Further investigation of the psychometric properties of the insulin treatment appraisal scale among insulin-using and non-insulin-using adults with type 2 diabetes: results from Diabetes MILES – Australia. *Health and Quality of Life Outcomes*. 2014;12(1):87.

# Patient Health Questionnaire Nine (PHQ-9)

**Instructions:** For each statement, please tick the box below that best corresponds to your experience in the last two weeks.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 Feeling tired or having little energy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 Poor appetite or overeating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8 Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9 Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(Office use only) Total score =

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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## Background

The PHQ-9 is a nine-item questionnaire for assessing depressive symptoms and their severity.<sup>1,2</sup> It has been validated for use with people with diabetes.<sup>3</sup> Each of the nine items corresponds with a DSM-5<sup>4</sup> criterion for depression.

It is freely available online in more than 40 languages, quick to administer, and easy to score and interpret. Many of the translations are linguistically valid, but not all have been psychometrically validated against a diagnostic interview for depression<sup>2</sup> and few have been validated in people with diabetes.<sup>5</sup>

## How to Use the PHQ-9 in Clinical Practice

Respondents are asked to indicate how frequently they are bothered by each of the nine items (each describing a different symptom of depression).<sup>1,6</sup> Items are scored on a scale from 0 (not at all) to 3 (nearly every day).<sup>6</sup>

An additional supplementary item (which does not contribute to the total score) can also be asked to evaluate the level of social or occupational difficulty caused by the depressive symptoms. This question appears in the version on the website,<sup>2</sup> and has been included in the questionnaire.



For tips about using questionnaires, see “Using Questionnaires to Inform Appointments” (pages 10 and 11 in the guide).

## Interpretation of Scores

The scores for each item are summed to generate a total score (range: 0–27).<sup>6</sup> Depressive symptom severity is indicated by the PHQ-9 total score.<sup>7</sup> Generally, a PHQ-9 total score of 10 or more is an indicator of likely depression,<sup>1</sup> and needs to be followed up with a clinical interview.



**If the person scores 1 or more on item 9 (referring to suicidal ideation), further assessment for risk of suicide or self-harm is required, irrespective of the total score.<sup>1</sup>**

PHQ-9 total score	Depressive symptom severity	Proposed treatment actions <sup>6</sup>
0–4	None – minimal	None
5–9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10–14	Moderate	Treatment plan, consider counselling, follow-up, and/or pharmacotherapy
15–19	Moderately severe	Active treatment with pharmacotherapy and/or psychotherapy
20–27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or limited response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

## Additional Information

Alternative cut-off values: For people with diabetes in specialty clinics (usually those with severe complications), a cut-off value of 12 or more has been recommended due to the overlap between symptoms of depression and diabetes.<sup>8</sup> For older people with diabetes in general practice, a cut-off of 7 or more has been recommended.<sup>9</sup>

## Short Form—PHQ-2

- › The PHQ-2<sup>10</sup> consists of two items from the PHQ-9: item 1, “Little interest or pleasure in doing things,” and item 2, “Feeling down, depressed, or hopeless.”
- › The timeframe and response options are the same as for the PHQ-9.
- › The two item scores are summed to form a total score. Total scores of 3 or more warrant further assessment for depression.<sup>6</sup>

## References

1. Kroenke K, Spitzer RL, et al. The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*. 2001;16(9):606-13.
2. Pfizer. Patient Health Questionnaire (PHQ) Screeners [cited 15 May 2014]. Available from: [www.phqscreeners.com](http://www.phqscreeners.com).
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4. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (DSM-5)*. 5th ed. Arlington, VA: American Psychiatric Association; 2013.
5. Roy T, Lloyd C, et al. Screening tools used for measuring depression among people with type 1 and type 2 diabetes: a systematic review. *Diabetic Medicine*. 2012;29(2):164-75.
6. Spitzer RL, Williams JBW, et al. Instruction manual: instructions for Patient Health Questionnaire (PHQ) and GAD-7 measures. [cited 5 February 2015]. Available from: [www.phqscreeners.com](http://www.phqscreeners.com).
7. Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. *Psychiatric Annals*. 2002;32(9):1-7.
8. van Steenberg-Weijnenburg KM, de Vroeghe L, et al. Validation of the PHQ-9 as a screening instrument for depression in diabetes patients in specialized outpatient clinics. *BioMed Central Health Devices Research*. 2010;10(1):235.
9. Lamers F, Jonkers C, et al. Summed score of the Patient Health Questionnaire-9 was a reliable and valid method for depression screening in chronically ill elderly patients. *Journal of Clinical Epidemiology*. 2008;61(7):679-87.
10. Kroenke K, Spitzer RL, et al. An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics*. 2009;50(6):613-21.

# Generalized Anxiety Disorder Seven (GAD-7)

**Instructions:** For each statement, please tick the box below that best corresponds to your experience in the last 2 weeks.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1 Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 Worrying too much about different things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 Trouble relaxing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 Being so restless that it is hard to sit still	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 Becoming easily annoyed or irritable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 Feeling afraid, as if something awful might happen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(Office use only) Total score =

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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## Background

The GAD-7<sup>1-3</sup> is a seven-item questionnaire for assessing anxiety symptoms and their severity. It has satisfactory psychometric properties for screening for generalized anxiety disorder, panic disorder, and social anxiety disorder.<sup>1,3</sup>

It is freely available online in more than 30 languages, quick to administer, and easy to score and interpret. Many of the translations are linguistically valid, though few have been psychometrically validated.<sup>4</sup>

## How to Use the GAD-7 in Clinical Practice

Respondents are asked to indicate how frequently they are bothered by each of the seven items (each describing a different symptom of generalized anxiety disorder).<sup>2,4</sup> Items are scored on a scale from 0 (not at all) and 3 (nearly every day).<sup>4</sup>

An additional supplementary item (which does not contribute to the total score) can also be asked to evaluate the level of social or occupational difficulty caused by the anxiety symptoms. This question appears in the original GAD-7 publication<sup>2</sup> but not in the version on the website,<sup>5</sup> and has been included in the questionnaire.



For tips about using questionnaires, see “Using Questionnaires to Inform Appointments” (pages 10 and 11 in the guide).

## Interpretation of Scores

The scores for each item are added to generate a total score (range: 0–21).<sup>4</sup> Anxiety symptom severity is indicated by the GAD-7 total score.<sup>4</sup> Generally, a GAD-7 total score of 10 or more is an indicator of likely anxiety disorder,<sup>3,4</sup> and needs to be followed up with a clinical interview.

PHQ-9 total score	Depressive symptom severity
0–4	None – minimal
5–9	Mild
10–14	Moderate
15–19	Moderately severe
20–27	Severe

## Short Form—GAD-2

- › The GAD-2<sup>1,3</sup> consists of two items from the GAD-7: item 1, “Feeling nervous, anxious, or on edge,” and item 2, “Not being able to stop or control worrying.”
- › The timeframe and response options are the same as the GAD-7.
- › The two item scores are summed to form a total score. Total scores of 3 or more warrant further assessment for anxiety disorder.<sup>1,3</sup>

## References

1. Kroenke K, Spitzer RL, et al. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Annals of Internal Medicine*. 2007;146(5):317-25.
2. Spitzer RL, Kroenke K, et al. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*. 2006;166(10):1092-7.
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