

Name:

Date:

For Clinic Use Only:

Total Score:

/80

Problem Areas In Diabetes Questionnaire (PAID)

INSTRUCTIONS: Which of the following diabetes issues are currently a problem for you? Circle the number that gives the best answer for you. Please provide an answer for each question.

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