NAME/ID:

DATE:

DAS©
Diabetes Awareness and Insight Scale

Current Weight: _____ ☐ kg ☐ lbs Date checked: _____ ☐ n/a

Height: _____ ☐ feet/inches ☐ cm

*Body Mass Index (BMI): _____ *To be calculated by clinician

Blood Pressure: _____/_____ mmHg Date checked: _____ ☐ n/a

Fasting Glucose: _____ ☐ mmol/L ☐ mg/dl Date checked: _____ ☐ n/a

HbA1c: _____ % Date checked: _____ ☐ n/a

We are interested in your own beliefs about your health. We are NOT interested in what others believe or may wish you to believe.

Indicate if you have any of the following health related experiences by reading the questions and marking ☒ either Yes or No.

	Yes	No
A) Are you regularly thirsty? Do you drink excessive amounts of water?	☐	☐
B) Do you urinate too frequently? Or do you have excessive amounts of urine?	☐	☐
C) Do you regularly wake up during the night to urinate?	☐	☐
D) Do you have blurred vision?	☐	☐
E) Have you lost a lot of weight?	☐	☐
F) Do you regularly feel fatigued?	☐	☐
G) Do you have numbness, tingling, burning or loss of sensation in your feet or hands?	☐	☐
H) Other: _____	☐	☐

☐ If 'NO' to ALL of the above, please go to the next page.

☐ If 'YES' to any of the above, indicate the extent to which you agree or disagree <u>at the present moment</u> with the following statement by circling the appropriate number, keeping in mind your health related experiences.

1) My health related experiences are due to having diabetes.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	**Moderately Disagree**	**Slightly Disagree**	**Unsure**	**Slightly Agree**	**Moderately Agree**	**Strongly Agree**

Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

2) I have diabetes.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

3) I NEED to make or maintain healthy life style changes to improve my diet and/or adjust the amount I exercise.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

4) I have normal blood sugar/glucose levels.*

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

5) I can safely carry on my current lifestyle (i.e. eating/drinking and exercising as I currently do).*

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

6) My diabetes has led or can lead to negative health consequences (e.g. heart disease, heart attack, stroke, near stroke, kidney disease, vision loss, numbness/tingling/loss of sensation in hands and feet, etc.).

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

7) My blood sugar/glucose levels are regularly in the diabetic range (i.e. fasting plasma glucose ≥126 mg/dl or ≥7.0 mmol/L or HbA1c ≥6.5%).*

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

8) I need blood sugar/glucose lowering treatment (i.e. insulin or medications).

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

THE END

***See scoring sheet for applicability**