Appendix E: Questionnaire cards (toolkit)

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

Background

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

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 consultations' (pages 10 and 11 in the handbook).[3]

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.[4]

» Individual items scored 3 or 4: moderate to severe distress;[5] to be discussed during the consultation 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. 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.
3. Hendrieckx C, Halliday JA, et al. Diabetes and emotional health: a handbook for health professionals supporting adults with type 1 or type 2 diabetes. Canberra: National Diabetes Services Scheme, 2016.
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.
5. Snoek FJ, Kersch NYA, et al. Monitoring of individual needs in diabetes (MIND)-2: follow-up data from the cross-national Diabetes Attitudes, Wishes, and Needs (DAWN) MIND study. Diabetes Care. 2012;35(11):2128-32.

The Hypoglycaemia Fear Survey-II Worry (HFS-II W) scale

Instructions: Below is a list of concerns people with diabetes sometimes have about low blood glucose. Please read each item carefully (do not skip any). Place an X in the box that best describes how often in **the last six months** you **worried** about each item because of low blood glucose.

	Because my blood glucose could go low, I worried about…	Never	Rarely	Sometimes	Often	Almost always
1	not recognising/realising I was having low blood glucose	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2	not having food, fruit or juice available	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3	passing out in public	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
4	embarrassing myself or my friends in a social situation	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5	having a hypo while alone	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
6	appearing stupid or drunk	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7	losing control	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8	no one being around to help me during a hypo	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9	having a hypo while driving	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10	making a mistake or having an accident	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
11	getting a bad evaluation or being criticised	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
12	difficulty thinking clearly when responsible for others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
13	feeling lightheaded or dizzy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
14	accidently injuring myself or others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
15	permanent injury or damage to my health or body	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
16	low blood glucose interfering with important things I was doing	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
17	becoming hypoglycaemic during sleep	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
18	getting emotionally upset and difficult to deal with	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

Background

The Hypoglycaemia Fear Survey-II Worry scale (HFS-II W) is an 18-item subscale of the HFS-II.[1] It was developed to assess specific concerns people with diabetes may have related to their risk of having hypoglycaemia.

How to use the HFS-II Worry scale in clinical practice

Respondents are asked to indicate how much they 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 hypoglycaemia.

For tips about using questionnaires, see 'Using questionnaires to inform consultations' (pages 10 and 11 in the handbook).[2]

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.
2. Hendrieckx C, Halliday JA, et al. Diabetes and emotional health: a handbook for health professionals supporting adults with type 1 or type 2 diabetes. Canberra: National Diabetes Services Scheme, 2016.

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
1	Taking insulin means I have failed to manage my diabetes with diet and tablets	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2	Taking insulin means my diabetes has become much worse	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
*3	Taking insulin helps to prevent complications of diabetes	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4	Taking insulin means other people see me as a sicker person	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5	Taking insulin makes life less flexible	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6	I'm afraid of injecting myself with a needle	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7	Taking insulin increases the risk of low blood glucose levels (hypoglycaemia)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
*8	Taking insulin helps to improve my health	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9	Insulin causes weight gain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10	Managing insulin injections takes a lot of time and energy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11	Taking insulin means I have to give up activities I enjoy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12	Taking insulin means my health will deteriorate	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13	Injecting insulin is embarrassing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14	Injecting insulin is painful	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15	It is difficult to inject the right amount of insulin correctly at the right time every day	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
16	Taking insulin makes it more difficult to fulfil my responsibilities (at work, at home)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
*17	Taking insulin helps to maintain good control of blood glucose	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
18	Being on insulin causes family and friends to be more concerned about me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
*19	Taking insulin helps to improve my energy level	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20	Taking insulin makes me more dependent on my doctor	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

* Positive appraisal subscale.

Background

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

- positive appraisal (four positive statements about insulin, e.g. 'Taking insulin helps to improve my health')
- negative appraisal (16 negative statements about insulin, e.g. '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 2 or lower, and negative appraisal subscale items that scored 4 or higher indicate likely barriers to insulin use and require further discussion.

For tips about using questionnaires, see 'Using questionnaires to inform consultations' (pages 10 and 11 in the handbook).[2]

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 opposite 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.[3]

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. Hendrieckx C, Halliday JA, et al. Diabetes and emotional health: a handbook for health professionals supporting adults with type 1 or type 2 diabetes. Canberra: National Diabetes Services Scheme, 2016.
3. 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	☐ 0	☐ 1	☐ 2	☐ 3
2	Feeling down, depressed, or hopeless	☐ 0	☐ 1	☐ 2	☐ 3
3	Trouble falling or staying asleep, or sleeping too much	☐ 0	☐ 1	☐ 2	☐ 3
4	Feeling tired or having little energy	☐ 0	☐ 1	☐ 2	☐ 3
5	Poor appetite or overeating	☐ 0	☐ 1	☐ 2	☐ 3
6	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐ 0	☐ 1	☐ 2	☐ 3
7	Trouble concentrating on things, such as reading the newspaper or watching television	☐ 0	☐ 1	☐ 2	☐ 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	☐ 0	☐ 1	☐ 2	☐ 3
9	Thoughts that you would be better off dead or of hurting yourself in some way	☐ 1	☐ 1	☐ 2	☐ 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?	☐	☐	☐	☐

Background

The PHQ-9 is a nine-item questionnaire for assessing depressive symptoms and their severity.[1,2] It has been validated for use with people with diabetes.[3] Each of the nine items corresponds with a DSM-5[4] 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[2] and few have been validated in people with diabetes.[5]

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).[1,6] Items are scored on a scale from 0 (not at all) to 3 (nearly every day).[6]

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,[2] and has been included in the questionnaire.

For tips about using questionnaires, see 'Using questionnaires to inform consultations' (pages 10 and 11 in the handbook).[7]

Interpretation of scores

The scores for each item are summed to generate a total score (range: 0-27).[6] Depressive symptom severity is indicated by the PHQ-9 total score.[8] Generally, a PHQ-9 total score of 10 or more is an indicator of likely depression,[1] and needs to be followed up with a clinical interview.

PHQ-9 total score	Depressive symptom severity	Proposed treatment actions[69]
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

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.[1]

Additional information

Alternative cut-off values: For people with diabetes in specialised 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.[3] For older people with diabetes in general practice, a cut-off of 7 or more has been recommended.[9]

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: **phqscreeners.com**.
3. van Steenbergen-Weijenburg KM, de Vroege 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.
4. American Psychiatric Association (APA). 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, ND [cited 5 February 2015]. Available from: **phqscreeners.com**.
7. Hendrieckx C, Halliday JA, et al. Diabetes and emotional health: a handbook for health professionals supporting adults with type 1 or type 2 diabetes. Canberra: National Diabetes Services Scheme, 2016.
8. Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. Psychiatric Annals. 2002;32(9):1-7.
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.

Generalized Anxiety Disorder Seven (GAD-7)

Instructions: For each statement below, please tick the box 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	Feeling nervous, anxious or on edge	☐ 0	☐ 1	☐ 2	☐ 3
2	Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
3	Worrying too much about different things	☐ 0	☐ 1	☐ 2	☐ 3
4	Trouble relaxing	☐ 0	☐ 1	☐ 2	☐ 3
5	Being so restless that it is hard to sit still	☐ 0	☐ 1	☐ 2	☐ 3
6	Becoming easily annoyed or irritable	☐ 0	☐ 1	☐ 2	☐ 3
7	Feeling afraid as if something awful might happen	☐ 0	☐ 1	☐ 2	☐ 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?	☐	☐	☐	☐

Background

The GAD-7[1-3] is a seven-item questionnaire for assessing anxiety symptoms and their severity. It has satisfactory psychometric properties for screening for generalised anxiety disorder, panic disorder and social anxiety disorder.[1,3]

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.[4]

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 generalised anxiety disorder).[2,4] Items are scored on a scale from 0 (not at all) and 3 (nearly every day).[4]

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[2] but not in the version on the website,[5] and has been included in the questionnaire.

For tips about using questionnaires, see 'Using questionnaires to inform consultations' (pages 10 and 11 in the handbook).[6]

Interpretation of scores

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

GAD-7 total score	Anxiety symptom severity
0-4	None – minimal
5-9	Mild
10-14	Moderate
15-21	Severe

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.
3. Kroenke K, Spitzer RL, et al. The patient health questionnaire somatic, anxiety, and depressive symptom scales: a systematic review. General Hospital Psychiatry. 2010;32(4):345-59.
4. Spitzer RL, Williams JBW, et al. Instruction manual: instructions for Patient Health Questionnaire (PHQ) and GAD-7 measures, ND [cited 5 February 2015]. Available from: **phqscreeners.com**.
5. Pfizer. Patient Health Questionnaire (PHQ) Screeners [cited 15 May 2014]. Available from: **phqscreeners.com**.
6. Hendrieckx C, Halliday JA, et al. Diabetes and emotional health: a handbook for health professionals supporting adults with type 1 or type 2 diabetes. Canberra: National Diabetes Services Scheme, 2016.

Definition of terms

Various words, phrases, and technical terms are explained below in plain language with reference to how they are used in this handbook.

Word or phrase	Meaning
Active listening	A communication technique, in which the listener re-states or paraphrases in their own words what the speaker has said, to confirm what they have heard and moreover, to confirm mutual understanding.
Adjustment	The process of adapting or becoming used to a new situation.
Anxiety	The anticipation of a perceived or real future threat; associated with fear, vigilance, and avoidance behaviour.
Anxiety disorder (also known as clinical anxiety)	A diagnosable mental condition characterised by frequent, intense, and excessive anxiety symptoms, typically occurring for a minimum of six months; interfering with a person's ability to function, and causing significant distress.
Avoidance behaviours/ strategies	Pervasive pattern of withdrawing from fear or anxiety provoking situations.
Binge eating	Eating a very large amount of food within a relatively short period of time (e.g. within two hours), and feeling a sense of loss of control while eating (e.g. feeling unable to stop oneself from eating).
Body dissatisfaction	Negative perception of weight and shape of one's physical self and negative feelings resulting from it.
Body image	How a person thinks and feels about the way they look, including how they think others perceive them.
Body language	A form of non-verbal communication where thoughts, intentions, or feelings are expressed by physical signs, such as facial expressions, body posture, gestures, eye movement, and the use of space.
Brief solution-focused therapy	Goal-directed form of therapy with focus on solutions rather than on the symptoms or issues that brought the person to therapy.
Clinical interview	A structured conversation during which a clinician gathers valuable information (behavioural observations, idiosyncratic features of the person, the nature and history of the problem, experience of symptoms) from the person, to inform an accurate diagnosis.
Closed, directive communication style	A form of communication where one person is actively communicating and seeks little feedback or input from the other person, rarely inviting expression of emotion or detail. Questions typically invite single word (yes/no) answers.
Cognitive behavioural therapy (CBT)/Enhanced CBT	A form of psychotherapy that aims to identify and change unhelpful thinking and behaviour; used to treat various emotional and behavioural problems or mental disorders. Enhanced CBT is a modified version of CBT, used to treat eating disorders.
Cognitive impairment	When a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life.
Collaborative care (also known as multidisciplinary approach)	Multiple health providers (from various professions and settings) providing comprehensive healthcare services by working with people, their families, care providers, and communities. Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management, and support services.

Word or phrase	Meaning
Compensatory behaviour	Deliberate act undertaken in an effort to 'undo' another behaviour (e.g. self-induced vomiting to counteract calories consumed) or to counteract a negative experience (e.g. taking too little insulin to avoid hypoglycaemia).
Decisional balancing	A technique that enables an individual to work through ambivalent thoughts to make an informed decision (origins in motivational interviewing).
Depression (also known as depressive disorder or major depression)	A diagnosable mental condition characterised by a persistent (minimum two weeks) state of low mood and lack of interest and pleasure in regular activities, in addition to other symptoms, such as significant changes in weight and sleep, lack of energy, difficulty concentrating, feelings of worthlessness or guilt, or suicidal ideation.
Depressive symptoms	A range of symptoms shared with diagnosable major depression (e.g. significant changes in weight and sleep, lack of energy, difficulty concentrating, feelings of worthlessness or guilt, or suicidal ideation), but of insufficient severity or frequency to meet the full diagnostic criteria.
Desensitisation	Diminished emotional responsiveness to a negative stimulus after repeated exposure to it; a behavioural technique commonly used to treat phobias and anxiety disorders.
Diabetes burnout	A state of physical or emotional exhaustion caused by severe and long-lasting diabetes distress.
Diabetes distress	The emotional burden arising from living with and managing diabetes, including problems related to the relentlessness of diabetes self-care, worries about the future, feelings of guilt, anxiety or frustration, and interpersonal problems (e.g. with health professionals or significant others).
Diabetes-specific fears	The emotional response to real or perceived threats specific to diabetes, often associated with the 'fight or flight' response (e.g. fear of hypoglycaemia, hyperglycaemia, diabetes-related complications, and injections/needles).
Diabetic ketoacidosis	A potentially life-threatening medical condition arising from a lack of insulin (intentional or unintentional insulin omission). Without insulin, the body cannot use glucose for energy, and the body breaks down fat (producing ketones) as an alternate energy source. If ketones build up, they are toxic to the body (acidosis). Diabetic ketoacidosis can also be present at diagnosis of type 1 diabetes (and occasionally type 2 diabetes) or occur during illness or infection if there is a lack of insulin in the body.
Disordered eating/ behaviours	A wide range of unhealthy eating behaviours (e.g. restrictive dieting, compulsive eating, skipping meals), and associated emotional disturbances (e.g. feelings of shame, guilt, lack of control). Many of these symptoms are shared with diagnosable eating disorders but they are of insufficient severity or frequency to meet the full diagnostic criteria.
Eating disorder	Diagnosable mental condition characterised by preoccupation with food, body weight, and shape, resulting in disturbed eating behaviours with or without disordered weight control behaviours (e.g. food restriction, excessive exercise, vomiting, medication misuse).
Emotional eating	A form of disordered eating, in response to negative emotional states, such as anxiety, distress, and boredom; and where a person eats to temporarily suppress or ease unpleasant feelings.

Word or phrase	Meaning
Emotional health	A state of positive affect or well-being; the ability to understand, express, and respond to feelings in an appropriate way (without being overwhelmed by them).
Empathy	The ability to understand and share the feelings, thoughts, or attitudes of another person.
Empowerment	Realisation of one's own abilities and potential; the philosophy and practice of sharing information, skills, and opportunities to enable another person to discover and develop the capacity to be responsible for their own health, and for this to contribute to their engagement, competence, and satisfaction. In diabetes, it is defined as a person-centred, collaborative approach tailored to match the realities of diabetes care (i.e. that the person with diabetes is responsible for their own outcomes and lives with the consequences of their decisions).
Exposure-based therapy	A specific type of cognitive behavioural therapy designed to help people confront their fears, by exposing them to the feared objects, activities, or situations in a safe environment. It helps the person to break the pattern of avoidance and fear, and overcome their feelings; often used in the treatment of post-traumatic stress disorder and phobias.
External eating	Eating in response to food-related cues, such as the sight, smell, or taste of food.
Fear management	A method used to reduce negative emotions and the physiological arousal that fear causes, to change unhelpful beliefs, reduce unnecessary fear, and to promote positive coping mechanisms.
Fear of hypoglycaemia	Extreme worry or anxiety about low blood glucose and its consequences; this specific fear is evoked by the risk and/or occurrence of hypoglycaemia but is not necessarily related to the frequency or severity of current hypoglycaemia.
Generalised anxiety disorder	A diagnosable mental condition characterised by persistent, excessive, or disproportionate worry about a number of events or activities, that is difficult to control and long lasting (minimum six months), and accompanied by symptoms such as restlessness, fatigue, sleep disturbance, irritability, muscle tension, and difficulties concentrating.
Health literacy	The ability to obtain, understand, and apply health-related information and to navigate the health system to enable appropriate health decisions.
Insulin stacking	Injecting insulin too soon after a previous dose, resulting in too much active insulin in the body ('insulin on board') and the risk of low blood glucose.
Interpersonal therapy (IPT)	A form of psychotherapy concerned with the 'interpersonal context' – the relational factors that predispose, precipitate, and perpetuate distress; the aim is to help the person improve their relationships or change their expectations about them.
Impaired awareness of hypoglycaemia	Diminished ability to perceive the onset of hypoglycaemia, due to reduction in symptom intensity or change in symptom profile or both; an acquired complication associated with longer duration of insulin therapy.

Word or phrase	Meaning
Maladaptive coping strategies	Attempts to cope with a stressor that are either ineffective or provide only temporary relief, while the stressor maintains its strength. For example, 'comfort eating' or drinking alcohol to 'forget' a problem (but the situation continues to be stressful as it has not been resolved).
Mental health	A state of emotional, psychological, and social well-being, in which the person is able to realise their own potential, cope with the normal stresses of life, work productively, and make a contribution to the community.
Minor depression (also known as mild, subthreshold, or sub-clinical depression)	Characterised by the presence of depressive symptoms that are of insufficient severity or frequency to meet the full diagnostic criteria for diagnosis of major depression.
Monitoring	Observing and checking progress over a period of time, maintaining regular surveillance (e.g. of emotional/mental health and well-being); typically using open-ended questions and/or validated questionnaires.
Motivational interviewing	A goal-oriented, counselling style for eliciting behaviour change by helping people to explore and resolve ambivalence to change.
Neuroglycopenia (neuroglycopenic symptoms)	A shortage of glucose in the brain, usually due to hypoglycaemia (low blood glucose). Neuroglycopenic symptoms include confusion; difficulty concentrating; weakness, tiredness or dizziness; blurred vision; andinappropriate behaviour (sometimes mistaken for inebriation).
Neuroticism	A personality trait characterised by anxiety, fear, moodiness, worry, envy, frustration, jealousy, and loneliness.
Normalisation/normalise	A process by which the health professional helps the person to view their experience as common, 'natural' or 'human'.
Open, empathic communication style	A form of interaction where all parties actively share and are able to express their ideas. Questions typically encourage full, descriptive responses because the person asking is genuinely interested in understanding the other person's experience or perspective.
Panic attack	Sudden surge of intense fear, either due to an external or internal trigger, that involves various anxiety symptoms, such as increased heart rate, heart palpitations, shortness of breath, dizziness, sweating, and shaking.
Panic disorder	A clinically diagnosed mental condition characterised by recurrent, unpredictable, and severe panic attacks.
Paraphrase	To express the meaning of what someone has written or spoken, using your own words, to achieve greater clarity.
Peer support	A system of giving and receiving help from a person (or people) with similar experience (e.g. living with diabetes). It can involve sharing knowledge and experiences of daily self-management, social and emotional support, and linkages to clinical care and community resources. Peer support can take many forms, including phone calls, text messaging, group meetings, home visits, and online forums.
Perfectionism	A personality trait characterised by striving for flawlessness and refusal to accept any standard short of excellence, accompanied by overly critical self-evaluations and concerns regarding others' evaluations.

Word or phrase	Meaning
Person-centred approach/ care	A non-directive approach that places the person at the heart of decisions relating to and affecting their life; considering the person as an individual, respecting their rights, priorities, and preferences, believing in their potential and ability to make choices that are right for them, regardless of the health professional's own values, beliefs, and ideas.
Post-traumatic stress disorder	A diagnosable mental condition characterised by persistent psychological stress occurring as a result of injury or severe trauma, typically involving disturbance of sleep and continual or frequent vivid recall of the experience, interfering with the person's ability to continue with their everyday life, activities, or relationships.
Problem solving training	A method used to increase a person's adaptive skills as a means of resolving and/or coping more effectively with stressful situations or problems.
Psycho-educational intervention	An approach combining both education and psychological principles or activities (e.g. counselling or motivational interviewing); typically offered to people for whom the problem to be resolved is more than the absence of knowledge or skills but is more deep-rooted in attitudes and beliefs.
Psychological barriers to insulin use (also known as psychological insulin resistance or negative appraisals of insulin)	The negative thoughts or feelings that people with diabetes may have about starting, using, or intensifying insulin.
Quality of life	Subjective satisfaction (or dissatisfaction) with aspects of life (e.g. family, friendships, work, hobbies, holidays, finances) considered by the individual to be important to them.
Resilience	An individual's ability/capacity to adapt to or recover quickly from stress or adversity.
Restrained eating	Restriction of food intake, or avoiding certain foods, food categories, or ingredients; similar to being on a diet, for the purpose of weight loss or maintenance.
Screening	Systematic assessment to detect risks or problems (e.g. using validated questionnaires to identify specific emotional or mental health problems).
Self-efficacy	A person's belief or confidence in their ability to succeed in specific situations or accomplish a task, to exert control over their own motivation, behaviour, and social environment. Low self-efficacy refers to a person lacking such confidence or self-belief.
Self-esteem	A person's subjective emotional evaluation of their own worth.
Self-harm	Deliberate injury to oneself, typically as a manifestation of mental health problems but without suicidal intent; maladaptive behaviour used to cope with difficult or painful feelings.
Sick role	The culturally-accepted behaviour pattern or role that a person is permitted to exhibit during illness or disability; the social role of being ill or having a chronic condition; adoption of the 'sick role' changes the behavioural expectations of others towards the person, they are exempted from usual social responsibilities and not held responsible for their condition.
Social anxiety disorder	A diagnosable mental condition characterised by intense, excessive fear of being scrutinised by other people, resulting in avoidance of social situations.

Word or phrase	Meaning
Specific phobia disorder	A diagnosable mental condition characterised by intense irrational fear of specific everyday objects or situations (e.g. phobia of spiders, injections, or blood).
State anxiety	The experience of unpleasant feelings in response to a perceived threat or specific, negative situations, demands, or events; when the threat is removed, the person no longer experiences anxiety; differs from 'trait anxiety'.
Stigma	A mark of disgrace that sets a person apart from others; a strong feeling of disapproval towards a thing, a person, or a group based upon a shared negative characteristic (often a stereotype), which may or may not lead to negative actions, unfair treatment, and discrimination.
Stress management	A wide spectrum of techniques and psychotherapies used to manage a person's level of stress, especially chronic stress, for the purpose of improving everyday functioning.
Suicidal ideation/thoughts	Thoughts about killing oneself, ranging from fleeting thoughts, to pre-occupation and extensive thoughts, to detailed planning and incomplete attempts at suicide.
Trait anxiety	A relatively enduring disposition or stable tendency to feel stress, worry and discomfort; people with high trait anxiety experience more intense degrees of state anxiety than those without trait anxiety; a personality characteristic not a temporary feeling; differs from 'state anxiety'.
Traumatic hypoglycaemic event	An episode of hypoglycaemia (low blood glucose) that is typically complicated by loss of consciousness or hospitalisation, injury to oneself or others, or happening while asleep, often leaving the person with residual fear of hypoglycaemia or feelings of embarrassment or vulnerability.
Tweetchat	A live Twitter event, usually moderated and focused around a general topic (e.g. for the purposes of providing and receiving support). A hashtag (#) is used and a set time is established so that the moderator/host and participants are available to engage in the online conversation.
Validated questionnaire	A questionnaire that has undergone rigorous design and psychometric testing to ensure it effectively measures the topic under investigation (e.g. depression) within the population under investigation (e.g. people with diabetes). Psychometric tests typically include 'reliability' (the ability of the instrument to produce consistent results), 'validity' (the ability to produce true results), 'sensitivity' (the likelihood of correctly classifying a person with the condition), and 'responsiveness', (the ability of the instrument to detect change, e.g. following treatment). 'Unvalidated' questionnaires may be subject to measurement error and any conclusions drawn may be flawed. Validated questionnaires should not be modified without permission from the developer, as this may also introduce errors.
Validation (of feelings)	'Normalisation'; recognising/acknowledging someone's feelings as important or appropriate; a technique that helps the person to feel that you care about and understand them.
Well-being (emotional or psychological well-being)	The state of being comfortable, healthy, or happy; a general term for a person's mental condition; a high level of well-being means in some sense the individual experience is positive, while low well-being is associated with negative happenings.