DSSQ: FRIENDS

We want to know **how often** your friends do things to **help or support your diabetes.** There are no right or wrong answers. Just circle the number that indicates how often these things happen with your friends.

We also want to know how you feel about your friends' behaviors. Everyone has different ideas about what is helpful and supportive. **We want to know what is helpful and supportive for you.** Circle the number that shows how supportive each behavior is for **YOU.**

These are the scales to use in answering the questions:

How often does this happen?	**0** Never	**1** Less Than 2x a month	**2** Twice a Month	**3** Once a Week	**4** Several times a Week	**5** At least once a day

When this happens, how do you feel about it?	**-1** Unhelpful Or NOT Supportive	**0** Neutral	**1** A little Helpful or Supportive	**2** Helpful/ Supportive	**3** Very Supportive

Note: If a behavior listed never happens, circle "0" for "never". Please try to rate how you <u>think you would feel</u> if this did happen.

How Often Do Your Friends..... **How does this make you feel?..... or How would you feel?**

INSULIN SHOTS

3. Remind you to take your insulin.
How often? 0 1 2 3 4 5 (circle one) It feels: -1 0 1 2 3 (circle one)

10. Let you know they appreciate how difficult it is to take insulin injections.
How often? 0 1 2 3 4 5 (circle one) It feels: -1 0 1 2 3 (circle one)

BLOOD TESTING

11. Ask you about the results of your blood tests.
How often? 0 1 2 3 4 5 (circle one) It feels: -1 0 1 2 3 (circle one)

12. Watch you test your blood sugars to see what the values are.
How often? 0 1 2 3 4 5 (circle one) It feels: -1 0 1 2 3 (circle one)

16. Remind you to test your blood sugar.
How often? 0 1 2 3 4 5 (circle one) It feels: -1 0 1 2 3 (circle one)

18. Let you know that they appreciate how hard it is to test blood sugars every day.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

23. Watch you for signs that your blood sugar is low.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

24. Help out when you might be having a reaction.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

How often does this happen?	0 Never	1 Less Than 2x a month	2 Twice a Month	3 Once a Week	4 Several times a Week	5 At least once a day

When this happens, how do you feel about it?	-1 Unhelpful Or NOT Supportive	0 Neutral	1 A little Helpful or Supportive	2 Helpful/ Supportive	3 Very Supportive

How often do your friends… **How does this make you feel?… or How would you feel?**

MEAL PLAN

25. Encourage you to eat the right foods.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

26. Let you know they understand how important it is for you to eat right.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

27. Ask if certain foods are okay for you to eat, before serving them.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

29. Schedule meals at the times you need to eat.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

30. Remind you about sticking to your meal plan.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

31. Suggest foods you can eat on your meal plan.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

32. Join you in eating the same foods as you.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

33. Get on your case after you ate something you shouldn't.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

34. Avoid tempting you with food or drinks that you shouldn't have.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

35. Watch what you eat to make sure that you eat the right foods.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

38. Eat at the same time you do.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

43. Buy special foods that you can eat.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

44. Tell you not to eat something you shouldn't.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

Exercise

45. Suggest ways you can get exercise.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

47. Invite you to join in exercising with them.
How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

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When this happens, how do you feel about it?	**-1** Unhelpful Or NOT Supportive	**0** Neutral	**1** A little Helpful or Supportive	**2** Helpful/ Supportive	**3** Very Supportive

How often do your friends… **How does this make you feel?… or How would you feel?**

51. Encourage you to join an organized sports activity (e.g., little league, gymnastics).
    How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

53. Exercise with you.
    How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

General Items

54. Are available to listen to concerns or worries about your diabetes care.
    How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

57. Encourage you to do a good job of taking care of your diabetes.
    How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

58. Understand when you sometimes make mistakes in taking care of your diabetes.
    How often? 0 1 2 3 4 5 It feels: -1 0 1 2 3

Note that the numbers of the items are not sequential. The original numbering was retained, so that items can be matched to those on the Family Version of the DSSQ.

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