

Appendix C. Problem areas in diabetes questionnaire

The Problem areas in diabetes (PAID) questionnaire is a psychometrically sound tool for detecting diabetes-related distress. The PAID questionnaire includes 20 items, each of which focuses on a different commonly experienced problem with diabetes.

Patients indicate how much each issue affects them personally, on a scale of 0 (not a problem) to 4 (serious problem). Individual items scored ≥ 3 (indicating a somewhat serious or serious problem area) should be discussed with the patient.

Item scores can also be added and standardised to a score out of 100 (by multiplying the total by 1.25). Higher scores indicate higher levels of diabetes-related distress.

Scores ≥ 40 indicate severe diabetes-related distress and warrant further exploration and discussion with the patient.

Please read each question carefully. Put an X in the box that best describes you for each question					
Which of the following diabetes issues are currently a problem for you?	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1. Not having clear and concrete goals for your diabetes care	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Feeling discouraged with your diabetes treatment plan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Feeling scared when you think about living with diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Uncomfortable social situations related to your diabetes care (eg people telling you what to eat)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Feelings of deprivation regarding food and meals	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Feeling depressed when you think about living with diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Please read each question carefully. Put an X in the box that best describes you for each question

Which of the following diabetes issues are currently a problem for you?	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
7. Not knowing if your mood or feelings are related to your diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. Feeling overwhelmed by your diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. Worrying about low blood sugar reactions	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10. Feeling angry when you think about living with diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. Feeling constantly concerned about food and eating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. Worrying about the future and the possibility of serious diabetes complications	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13. Feelings of guilt or anxiety when you get off track with your diabetes management	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. Not 'accepting' your diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15. Feeling unsatisfied with your diabetes physician	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16. Feeling that diabetes is taking up too much of your mental and physical energy every day	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
17. Feeling alone with your diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Please read each question carefully. Put an X in the box that best describes you for each question

Which of the following diabetes issues are currently a problem for you?	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
18. Feeling that your friends and family are not supportive of your diabetes management efforts	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
19. Coping with complications of diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20. Feeling 'burned out' by the constant effort needed to manage diabetes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Investigation of specific concerns highlighted by the PAID questionnaire is useful for formulating and adjusting treatment options for your patients. Severe and persistent diabetes-related distress may warrant referral to a mental health specialist

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