

No. \_\_\_\_\_ Name \_\_\_\_\_

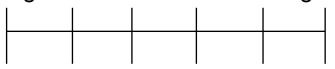
Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

## A shortened version of an Instrument for Diabetes Self-Care Agency (IDSCA)

- \*This form is to review your self-care ability about diabetes.
- \*It is difficult to review the self-care ability by yourself. We recommend you to complete this form with a nurse and review it together.
- \* This form enables you to recognize your strong point, your potential ability, and your ability to be developed.
- \*Your ability will change. If you complete this form again a few months later, you can find your self-care ability changes.



Introduction: Circle the number that gives the best answer for you in past two weeks. Please provide an answer for each question. The word ‘self-management’ indicates that you take care of diet, exercise, and medication to keep your body in good condition.

Question	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>strong disagree</span> <span>strong agree</span> </div> 						Total
	<b>Ability to acquire knowledge</b>						
1 You know the complications of diabetes.	0	1	2	3	4	5	
2 You know that illnesses such as the cold can influence the blood sugar levels.	0	1	2	3	4	5	
3 You know about the possibility of high levels of blood sugar without typical symptoms.	0	1	2	3	4	5	
4 You know about the relationship between blood sugar levels and eating.	0	1	2	3	4	5	
5 You know about the relationship between blood sugar levels and exercise.	0	1	2	3	4	5	
<b>Stress-coping ability</b>							
6 You always feel tense about controlling your diabetes well.	0 <sub>5</sub>	1 <sub>4</sub>	2 <sub>3</sub>	3 <sub>2</sub>	4 <sub>1</sub>	5 <sub>0</sub>	
7 You cannot sleep at night when you think about diabetes.	0 <sub>5</sub>	1 <sub>4</sub>	2 <sub>3</sub>	3 <sub>2</sub>	4 <sub>1</sub>	5 <sub>0</sub>	
8 You can cope with stress when you feel it.	0 <sub>5</sub>	1 <sub>4</sub>	2 <sub>3</sub>	3 <sub>2</sub>	4 <sub>1</sub>	5 <sub>0</sub>	
9 You often feel depressed.	0 <sub>5</sub>	1 <sub>4</sub>	2 <sub>3</sub>	3 <sub>2</sub>	4 <sub>1</sub>	5 <sub>0</sub>	
10 Help from others makes you stressed.	0 <sub>5</sub>	1 <sub>4</sub>	2 <sub>3</sub>	3 <sub>2</sub>	4 <sub>1</sub>	5 <sub>0</sub>	
<b>Ability to make the most of the support available</b>							
11 You have someone to turn to when you need help with managing your health.	0	1	2	3	4	5	
12 You have someone to help you with things that you cannot do and are related to your health.	0	1	2	3	4	5	
13 You have someone whom you can talk to about your worries and questions.	0	1	2	3	4	5	
14 You feel supported with the support you are getting.	0	1	2	3	4	5	
15 You have someone who can recognize early signs of sickness (e.g. hypoglycemia).	0	1	2	3	4	5	
<b>Monitoring ability</b>							
16 You feel the effect of self-management from your experiences.	0	1	2	3	4	5	
17 You judge your physical condition, diet, and exercise by checking blood sugar levels.	0	1	2	3	4	5	

Question	strong disagree					strong agree					Total
	0	1	2	3	4	5	6	7	8	9	
18 You evaluate whether your self-management is on the right path by reflecting on your physical condition, diet, and exercise.	0	1	2	3	4	5					
19 You can tell whether you have low blood sugar. (If you do not take medicine such as insulin, please choose “0” )	0	1	2	3	4	5					
20 You can tell whether you have high blood sugar.	0	1	2	3	4	5					
<b>Application or adjustment ability</b>											
21 You can create a clear picture of your daily routine (e.g., activities) in your mind.	0	1	2	3	4	5					
22 You try to match your self-management to your lifestyle.	0	1	2	3	4	5					
23 You can adjust your self-management to fit any situation. (e.g., when you are busy, when you have a special occasion, or when you have a party.)	0	1	2	3	4	5					
24 You understand the status and progression of your diabetes.	0	1	2	3	4	5					
25 You can evaluate your physical and mental conditions as well as your lifestyle in a composed manner.	0	1	2	3	4	5					
<b>Motivation to self-management</b>											
26 You are interested in diabetes.	0	1	2	3	4	5					
27 You have reasons motivating you to self-manage.	0	1	2	3	4	5					
28 Self-management leads you to the realization of the life you want.	0	1	2	3	4	5					
29 You talk to medical staff about your self-management and daily life.	0	1	2	3	4	5					
30 You want to continue self-managing and receiving the necessary support. (If you do not receive support, please choose “0”)	0	1	2	3	4	5					
<b>Ability to harmonize self-management with one’s own life</b>											
31 You feel able to continue self-management.	0	1	2	3	4	5					
32 Self-management has become second nature to you.	0	1	2	3	4	5					
33 You are enjoying your life.	0	1	2	3	4	5					
34 You feel fun and joy in self-management.	0	1	2	3	4	5					
35 Based on previous experiences, you have become confident in your self-management abilities.	0	1	2	3	4	5					

## Total score

Factor	Total score
Ability to acquire knowledge	
Stress-coping ability	Count red numbers
Ability to make the most of the support available	
Monitoring ability	
Application or adjustment ability	
Motivation to self-management	
Ability to harmonize self-management with one's own life	

