

Young Adult Wellbeing Patient Questionnaire

Patient Name:

Completion Date:

Interview Date:

	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 sugar 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
21. There have been changes in my usual eating patterns or appetite	0	1	2	3	4
22. I have been feeling more sad / lower in mood than usual	0	1	2	3	4
23. I have been worrying or feeling nervous more than usual	0	1	2	3	4
24. I have found things at home more difficult than usual	0	1	2	3	4
25. I have found doing school / college work more difficult than usual	0	1	2	3	4
26. I have found getting on with friends / other pupils / students more difficult than usual	0	1	2	3	4
27. I have found doing what is needed to look after the diabetes more difficult than usual e.g. injections, blood tests, carb counts etc	0	1	2	3	4
28. I am worried about how we are coping as a family	0	1	2	3	4

Problem Areas in Diabetes Questionnaire (PAID)

Ways to identify patient emotional distress

Diabetes can be demanding and cause emotional distress. It is vital that clinicians are able to identify diabetes-related emotional distress in their patients. Validated practical strategies are available to promote an open dialogue and help to flag when serious emotional distress exists.

One tool that has proven very helpful to healthcare professionals is the Problem Areas in Diabetes (PAID) scale, a simple, one page questionnaire.

Why the PAID scale?

PAID has high acceptability and scientific validity as evidenced by more than 60 scientific papers and scientific research abstracts.

The PAID measure of diabetes related emotional distress correlates with measures of related concepts such as depression, social support, health beliefs, and coping style, as well as predicts future blood glucose control of the patient.

The questionnaire has proven to be sensitive to detect changes over time following educational and therapeutic interventions.

What is the PAID scale?

The PAID is a self-report pencil and paper questionnaire that contains 20 items that describe negative emotions related to diabetes

(E.g. fear, anger, frustration) commonly experienced by patients with diabetes.

Completion takes approximately five minutes.

Scoring of the questionnaire

Each question has five possible answers with a value from 0 to 4, with 0 representing “no problem” and 4 “a serious problem”.

The scores are added up and multiplied by 1.25, generating a total score between 0 – 100. Patients scoring 40 or higher may be at the level of “emotional burnout” and warrant special attention. PAID scores in these patients may drop 10-15 points in response to educational and medical interventions.

An extremely low score (0-10) combined with poor glycaemic control may be indicative for denial.

How to use the PAID scale?

In a clinical setting, the PAID can be administered routinely (e.g. annual review) and/or ad hoc as a diagnostic tool.

The patient can be asked to complete the questionnaire before consultation (waiting room) or at the beginning of the consultation.

Together with the patient, the clinician can calculate the total score and invite the patient to elaborate on problem areas that stand out (high scores) and explore options for overcoming the identified issues. This may include referral to a mental health specialist.

Novo Nordisk 2006. Adapted from DAWN Interactive 2. Text by Frank Snoek and Garry Welch.