

The Diabetes Self-Management and Technology Questionnaire (DSMT-Q) - Non Technology Use Specific Version

Think about the management of your type 2 diabetes over the past four weeks.

How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I feel informed when making decisions about the management of my diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am aware of the potential outcomes of any actions I take when managing my diabetes (for example, when taking medications or choosing foods to eat).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have access to relevant information about my diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can usually identify the reasons behind any changes to my blood glucose levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand how my body reacts to exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
6. I can easily monitor important information about my diabetes (for example, my blood glucose levels, diet, or exercise).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am able to make sense of any information that I monitor (for example, my blood glucose levels, diet, or exercise).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I can achieve any personal goals I set when managing my diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I know when to take action to maintain my desired blood glucose levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
10. I am motivated to carry out routines to manage my diabetes (for example, take medication, exercise).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I think my diabetes is under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel motivated to play an active role in my diabetes management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel reassured that I am managing my diabetes well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>