DPSQ

We want to know **how often** your partner has done things to help or support your effort to manage your diabetes over the **Past 2 Months**. There is no right or wrong answer. Just circle the number that indicates how often these things happen with your partner.

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

Please use this scale:

0	1	2	3	4	5	6
Never	A little of the time	Some of the time	Half of the time	A Good Bit of the time	Most of the time	All of the time

Over the Past 2 Months, how often did your partner . . . . ?

1. Help out, if needed, when I give myself medication and/or insulin.
   0 1 2 3 4 5 6
2. Remind me to test my blood sugar if I seem to have forgotten.
   0 1 2 3 4 5 6
3. Test my blood sugar for me if I ask for it.
   0 1 2 3 4 5 6
4. Keep track of my blood sugar test results if I request it.
   0 1 2 3 4 5 6
5. Assist when I have a low blood sugar reaction.
   0 1 2 3 4 5 6
6. Listen to my concerns about my diabetes care.
   0 1 2 3 4 5 6
7. Tell me how well I've been doing with my diabetes care.
   0 1 2 3 4 5 6
8. Encourage me to do a good job taking care of my diabetes.
   0 1 2 3 4 5 6
9. Express support for me even when I make mistakes with my diabetes care.
   0 1 2 3 4 5 6
10. Express concerns about my health and well-being regarding diabetes.
    0 1 2 3 4 5 6
11. Ask what he/she could do differently to help with my diabetes care.
    0 1 2 3 4 5 6
12. Provide transportation to and from diabetes-related medical appointments.
    0 1 2 3 4 5 6
13. Sit in the exam room with me during diabetes-related medical appointments.
    0 1 2 3 4 5 6
14. Go with me to diabetes education classes or support groups.
    0 1 2 3 4 5 6
15. Pick up diabetes-related prescriptions for me.
    0 1 2 3 4 5 6
16. Help pay for diabetes-related expenses.
    0 1 2 3 4 5 6

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

Please use this scale:

-3	-2	-1	0	1	2	3
Very Un-Supportive	Un-supportive	A little Un-Supportive	Neutral	A little Supportive	Supportive	Very Supportive

Over the Past 2 Months, how does it feel when your partner does this behavior . . . . ?

1. Help out, if needed, when I give myself medication and/or insulin.
   -3 -2 -1 0 1 2 3
2. Remind me to test my blood sugar if I seem to have forgotten.
   -3 -2 -1 0 1 2 3
3. Test my blood sugar for me if I ask for it.
   -3 -2 -1 0 1 2 3
4. Keep track of my blood sugar test results if I request it.
   -3 -2 -1 0 1 2 3
5. Assist when I have a low blood sugar reaction.
   -3 -2 -1 0 1 2 3
6. Listen to my concerns about my diabetes care.
   -3 -2 -1 0 1 2 3
7. Tell me how well I've been doing with my diabetes care.
   -3 -2 -1 0 1 2 3
8. Encourage me to do a good job taking care of my diabetes.
   -3 -2 -1 0 1 2 3
9. Express support for me even when I make mistakes with my diabetes care.
   -3 -2 -1 0 1 2 3
10. Express concerns about my health and well-being regarding diabetes.
    -3 -2 -1 0 1 2 3
11. Ask what he/she could do differently to help with my diabetes care.
    -3 -2 -1 0 1 2 3
12. Provide transportation to and from diabetes-related medical appointments.
    -3 -2 -1 0 1 2 3
13. Sit in the exam room with me during diabetes-related medical appointments.
    -3 -2 -1 0 1 2 3
14. Go with me to diabetes education classes or support groups.
    -3 -2 -1 0 1 2 3
15. Pick up diabetes-related prescriptions for me.
    -3 -2 -1 0 1 2 3
16. Help pay for diabetes-related expenses.
    -3 -2 -1 0 1 2 3

CSI-4

1. Please indicate the degree of happiness, all things considered, of your relationship.

Extremely Unhappy 0	Fairly Unhappy 1	A Little Unhappy 2	Happy 3	Very Happy 4	Extremely Happy 5	Perfect 6

	Not at all TRUE	A little TRUE	Some-what TRUE	Mostly TRUE	Almost Completely TRUE	Completely TRUE
2. I have a warm and comfortable relationship with my partner	0	1	2	3	4	5

	Not at all	A little	Some-what	Mostly	Almost Completely	Completely
3. How rewarding is your relationship with your partner?	0	1	2	3	4	5
4. In general, how satisfied are you with your relationship?	0	1	2	3	4	5

CPQ-SF

We are interested in how you and your partner deal with problems in your relationship. Please rate each item on a scale of 1 (very unlikely) to 9 (very likely). Circle the appropriate number.

A. When some problem in the relationship arises:	**Very Unlikely**								**Very Likely**
1. Both you and your partner avoid discussing the problem…….	1	2	3	4	5	6	7	8	9
2. Both you and your partner try to discuss the problem……..	1	2	3	4	5	6	7	8	9
3. (a) You try to start a discussion while your partner tries to avoid a discussion…….	1	2	3	4	5	6	7	8	9
(b) Your partner tries to start a discussion while you try to avoid a discussion…….	1	2	3	4	5	6	7	8	9
B. During a discussion of a relationship problem:									
4. Both you and your partner express your feelings to each other….	1	2	3	4	5	6	7	8	9
5. Both you and your partner blame, accuse, and criticize each other.	1	2	3	4	5	6	7	8	9
6. Both you and your partner suggest possible solutions and compromises……..	1	2	3	4	5	6	7	8	9
7. (a) You pressure, nag, or demand while your partner withdraws, becomes silent, or refuses to discuss the matter further…….	1	2	3	4	5	6	7	8	9
(b) Your partner pressures, nags, or demands while you withdraw, become silent, or refuse to discuss the matter further……..	1	2	3	4	5	6	7	8	9
8. (a) You criticize while your partner defends him/herself……..	1	2	3	4	5	6	7	8	9
(b) Your partner criticizes while you try to defend yourself…….	1	2	3	4	5	6	7	8	9

PAID

The following questions are intended to understand what kinds of problems you may or may not have as you live with diabetes. Rate how problematic each of these things are for you. Please answer as honestly as possibly using the following scale:

1	2	3	4	5
Not a problem	Minor Problem	Moderate Problem	Somewhat serious problem	Serious problem

How problematic for you is . . . .?

1. Feeling scared when you think about living with diabetes……. 1 2 3 4 5
2. Feeling depressed when you think about living with diabetes……1 2 3 4 5
3. Not knowing if the mood or feelings you are experiencing are related to your blood glucose…… 1 2 3 4 5
4. Feeling overwhelmed by your diabetes regimen…….1 2 3 4 5
5. Worrying about low blood sugar reactions…….. 1 2 3 4 5
6. Feeling angry when you think about living with diabetes…….. 1 2 3 4 5
7. Worrying about the future and the possibility of serious complications…….1 2 3 4 5
8. Feeling guilty or anxious when you get off track with your diabetes management……1 2 3 4 5
9. Not accepting diabetes……. 1 2 3 4 5
10. Feeling that diabetes is taking up too much mental and physical energy……... 1 2 3 4 5
11. Coping with complications of diabetes…….. 1 2 3 4 5
12. Feeling constantly burned out by the constant effort to manage diabetes…….. 1 2 3 4 5
13. Not having clear and concrete treatment goals for you diabetes care…….. 1 2 3 4 5
14. Feeling discouraged with your diabetes regimen……1 2 3 4 5
15. Feeling unsatisfied with your diabetes physician……1 2 3 4 5
16. Uncomfortable interactions around diabetes with family/friends (for example, other people telling you what to eat)…….. 1 2 3 4 5
17. Feelings of deprivation regarding food and meals……..1 2 3 4 5
18. Feeling constantly concerned about food……1 2 3 4 5
19. Feeling alone with diabetes……1 2 3 4 5
20. Feeling that friends/family are not supportive of your diabetes management efforts….1 2 3 4 5