

Codebook

“Main and Interactive Effects of Diabetes Distress and Stress from Life Events on Overall Psychological Distress”

Contents

1. Eligibility Screener
2. Pre-Interview Questionnaire
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Missing data codes:

-88 = missing

-9 = not applicable

NOTE: Variable names and variable labels included in the SPSS file are indicated in **red text** below each question.

1. Questions from Eligibility Screener

***NOTE: you must answer “yes” to all of the following questions to be eligible:**

- 1) Are you 45 or older? ____ yes ____no
- 2) Have you been diagnosed with type 2 diabetes by a physician or other health care provider? ____ yes ____no
- 3) Do you see a health care provider regularly to manage your diabetes (at least once per year)? ____ yes ____ no
- 4) Do you both speak and write fluently in English? ____yes ____no
- 5) Are you willing to participate in this study in your home or at a convenient location to you for approximately 2 hours?
____yes ____no

Are you currently?

(circle one)

- a. Married..... 1
- b. In a marital-like relationship (e.g., cohabitating)..... 2
- c. Divorced..... 3
- d. Widowed..... 4
- e. Separated..... 5
- f. Single (never married)..... 6
- g. Other (please specify)_____ 7

Marital (marital status of participant)
Maritoth (marital status of other - g)

What is your racial background?

(circle one)

- a. White..... 1
- b. African American or Black..... 2
- c. Hispanic..... 3
- d. Asian or Pacific Islander..... 4
- e. Native American or Alaskan Native..... 5
- f. Mixed racial background..... 6
Specify_____
- g. Other race (Specify)_____ 7

Race (racial background of participant)
Raceoth (race if other - g)

2. Questions from Pre-Interview Questionnaire

When were you diagnosed with diabetes?

(Please list year) _____

Pre2yeardiag (Year Diagnosed with DM)

3. Questions from Interview

[INTERVIEWER: CODE SEX BY OBSERVATION]

- a. Male
- b. Female

Sex (0=Male, 1=Female)

How old are you?

_____ years old

Age (Age of participant)

Sometimes diabetes can be source of frustration or concern to those who have it.

During the past month, how often:

	ALL of the Time	MOST of the Time	SOME of the Time	A LIT- TLE of the Time	NONE of the Time
a. Were you frustrated about your diabetes?	1	2	3	4	5
b. Were you discouraged because you have diabetes?	1	2	3	4	5
c. Did you feel despair over any problems caused by your diabetes?	1	2	3	4	5
d. Was your diabetes a source of worry or concern in your life?	1	2	3	4	5
e. Was your diabetes a nuisance or bother?	1	2	3	4	5

Diabetes distress: frustration

Sect3_4a (frustrated)

Sect3_4b (discouraged)

Sect3_4c (despair)

Sect3_4d (worry/concern)

Sect3_4e (nuisance/bother)

Have you ever had any of the following problems or complications as a direct result of your diabetes? [INTERVIEWER: Please circle if participant states they have experienced the complication.]

- a. Loss of eyesight (diabetic retinopathy)
- b. Neuropathy (nerve damage that lessens the ability to feel in that area)
- c. Frequent yeast infections
- d. Kidney failure
- e. Amputation of any extremity [Please list which extremity]: _____
- f. Other : [Please explain]: _____

Diabetes complications

- Sect3_5a (loss of eyesight [had])**
- Sect3_5b (neuropathy [had])**
- Sect3_5c (yeast infect [had])**
- Sect3_5d (kidney failure [had])**
- Sect3_5e (amputation [had])**
- Sect3_5e1 (specify [had])**
- Sect3_5e2 (amputated location)**
- Sect3_5f (other [had])**
- Sect3_5f1 (specify)**
- Sect3_5f2 (other explained)**

Sometimes people with diabetes have concerns about complications that may develop. How much are you *worried* or *concerned* about each of the following?

	EXTREMELY Worried	VERY Worried	WORRIED	NOT VERY Worried	NOT Worried AT ALL
a. Losing your eyesight from diabetes	1	2	3	4	5
b. Losing toes, feet, or legs due to diabetes	1	2	3	4	5
c. Becoming dependent on family or friends because of diabetes	1	2	3	4	5
d. The lack of a cure for diabetes	1	2	3	4	5
e. Dying earlier than most people, because of diabetes	1	2	3	4	5
f. Having other major health problems (such as heart disease or arthritis) made worse by diabetes	1	2	3	4	5
g. The overall impact of diabetes on your health	1	2	3	4	5

Diabetes distress: worries about complications

Sect3_6a (loss of eyesight [worry])

Sect3_6b (losing digits/extremities [worry])

Sect3_6c (dependent on family [worry])

Sect3_6d (lack of cure [worry])

Sect3_6e (dying early [worry])

Sect3_6f (diabetes making stuff worse [worry])

Sect3_6g (overall impact on health [worry])

Overall, how much of a burden is having diabetes on you and your family in each of the following areas?

	VERY LARGE burden	LARGE burden	Feel NEU- TRAL	SMALL burden	VERY SMALL burden	NOT bur- den at all
a. Your overall health	1	2	3	4	5	6
b. Your social activities	1	2	3	4	5	6
c. Your lifestyle	1	2	3	4	5	6
d. Your finances in general	1	2	3	4	5	6
e. Your finances due to the cost of medications	1	2	3	4	5	6
f. Your finances due to the cost of monitoring supplies	1	2	3	4	5	6
g. Your finances due to the cost of health care for dia- betes (visits to the doctor, etc.)	1	2	3	4	5	6
h. Your finances due to the cost of your health insur- ance because of having diabetes	1	2	3	4	5	6

Diabetes distress - burden

Sect3_7a (health [burden])

Sect3_7b (social act. [burden])

Sect3_7c (lifestyle [burden])

Sect3_7d (finances [burden])

Sect3_7e (finances cost med [burden])

Sect3_7f (finances cost mon [burden])

Sect3_7g (finances cost health care [burden])

Sect3_7h (finances cost insurance [burden])

These next set of questions ask you about things that might have happened to your during the past six months.

In the past 6 months...	NO	YES	IF YES, How stressful? (1=very, 5 = not at all)				
a. Did you have a serious change for the worse in your health?.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
b. Did you have a major increase in caring for a family member?...	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
c. Did you move to a different place (i.e. change where you live)?.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
d. Has your home needed a major repair?.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
e. Have you been a victim of a serious crime?.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
f. Have you retired?.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
g. Have you had a major financial problem, including problems with Social Security, retirement benefits, or other benefits?.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
h. In the past 6 months, have you become separated or divorced?	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5
i. [If married] In the past 6 months, has your spouse passed away?	<input type="radio"/> O ₁	<input type="radio"/> O ₂	1	2	3	4	5

Stress from life events

Sect6_11a (serious change in worse for health)

Sect6_11a1 (how stressful – health)

Sect 6_11b (major increase in caring for family member)

Sect6_11b1 (how stressful – caring for family)

Sect6_11c (move to a different place)

Sect6_11c1 (how stressful - move)

Sect6_11d (home needed major repairs)

Sect6_11d1 (how stressful – home repairs)

Sect6_11e (victim of a serious crime)

Sect6_11e1 (how stressful – victim of crime)

- Sect6_11f (retired)
- Sect6_11f1 (how stressful - retired)
- Sect6_11g (had major financial problems)
- Sect6_11g1 (how stressful – financial problems)
- Sect6_11h (been separated or divorced)
- Sect6_11h1 (how stressful – separated/divorced)
- Sect5_11i (spouse died)
- Sect5_11i1 (how stressful – spouse died)

How much stress does managing your diabetes cause you?

- | | |
|-------------------|---|
| A great deal..... | 1 |
| A lot..... | 2 |
| So-so..... | 3 |
| Not much..... | 4 |
| Not at all..... | 5 |

Sect6_13 (stress from diabetes)

On a scale of 1-10 (1=not very stressful, 10=very stressful), how would you rank diabetes as a stressor compared to other stressors in your life?

Not Very Stressful 1 2 3 4 5 6 7 8 9 10 Very Stressful

Sect6_14 (diabetes as a stressor compared to other stressors)

Please indicate the highest grade that you completed in school:

0	K	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Grade School									High School				College			Graduate or Professional School		

Sect6_17 (highest grade completed)

The next question is about (your/your family's) total income in 2013. This figure should include your income from all sources, including employment earnings, pensions, investments, support from family members, and public assistance. What is your *best guess* at your annual household income?

- a. Under \$25,000 per year
- b. \$25,000-\$40,000 per year
- c. \$40,000-\$55,000 per year
- d. \$55,000-\$70,000 per year
- e. \$70,000-\$85,000 per year
- f. \$85,000-\$100,000 per year
- g. More than \$100,000 per year
- h. Prefer not to answer

Sect6_24 (income)

4. Questions from Supplemental Questionnaire

During the past month, how often were the following statements true:

(circle one number on each line)

	Rarely or NONE of the Time	SOME of the time	OCCASIONALLY	MOST or ALL of the Time
b. I felt that I could not shake off the blues even with help from my family or friends.....	1	2	3	4
c. I had trouble keeping my mind on what I was doing.....	1	2	3	4
d. I felt depressed.....	1	2	3	4
e. I felt that everything I did was an effort.....	1	2	3	4
f. My sleep was restless.....	1	2	3	4
g. I was happy.....	1	2	3	4
h. I felt lonely.....	1	2	3	4
i. I enjoyed life.....	1	2	3	4
j. I felt sad.....	1	2	3	4
k. I could not get going.....	1	2	3	4

Depressive symptomatology

Sup_Is3b (CESD blues)

Sup_Is3c (CESD wandering mind)

Sup_Is3d (CESD depressed)

Sup_Is3e (CESD S effort)

Sup_Is3f (CESD restless sleep)

Sup_Is3g (CESD happy)

Sup_Is3h (CESD lonely)
 Sup_Is3i (CESD enjoy life)
 Sup_Is3j (CESD sad)
 Sup_Is3k (CESD could not get going)

During the past month, how often were the following statements true:

(circle one number on each line)

	Rarely or NONE of the Time	SOME of the time	OCCASIONALLY	MOST or ALL of the Time
1. I felt more nervous and anxious than usual.	1	2	3	4
2. I felt afraid for no reason at all.	1	2	3	4
3. I got upset easily or felt panicky.	1	2	3	4
4. I felt like I was falling apart and going to pieces.	1	2	3	4
5. I felt that everything was all right and nothing bad would happen.	1	2	3	4
6. My arms and legs would shake and tremble.	1	2	3	4
7. I am bothered by headaches neck and back pain.	1	2	3	4
8. I felt weak and got tired easily.	1	2	3	4
9. I feel calm and can sit still easily.	1	2	3	4

10. I could feel my heart beating fast.	1	2	3	4
11. I was bothered by dizzy spells.	1	2	3	4
12. I had fainting spells or felt like it.	1	2	3	4
13. I could breathe in and out easily.	1	2	3	4
14. I got feelings of numbness and tingling in my fingers & toes.	1	2	3	4
15. I was bothered by stomach aches or indigestion.	1	2	3	4
16. I had to empty my bladder often.	1	2	3	4
17. My hands were usually dry and warm.	1	2	3	4
18. My face got hot and blushed.	1	2	3	4
19. I fell asleep easily and got a good night's rest.	1	2	3	4
20. I had nightmares.	1	2	3	4

Anxious symptomatology

Sup_Is4a (SAS nervous/anxious)

Sup_Is4b (SAS afraid for no reason)

Sup_Is4c (SAS easily upset)

Sup_Is4d (SAS falling apart)

Sup_Is4e (SAS things are alright)

Sup_Is4f (SAS arms and legs shake)

Sup_Is4g (SAS headaches and back pain)

Sup_Is4h (SAS weak and tired)

Sup_Is4i (SAS calm)

Sup_Is4j (SAS heart beating fast)

Sup_Is4k (SAS dizzy spells)

Sup_Is4l (SAS fainting spells)

Sup_Is4m (SAS breathe easy)

Sup_Is4n (SAS numbness in fingers and toes)

Sup_Is4o (SAS stomach ache)

Sup_Is4p (SAS go to the bathroom [bladder])

Sup_Is4q (SAS hands were dry and warm)

Sup_Is4r (SAS face blushed)

Sup_Is4s (SAS fall asleep easy & good rest)

Sup_Is4t (SAS had nightmares)