This is a **Sample** version of the

Diabetes Attitude Scale (DAS-3)

The **full version** of the DAS-3 comes without 'sample' watermark.

The full complete 11 page version includes –

- DAS-3 Overview information
- DAS-3 Scoring/ Administration instructions
- DAS-3 Complete (33 item criteria) Quesionnaire/Assessment
- DAS-3 Clinical Validity

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The Third Version of the Diabetes Attitude Scale

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OBJECTIVE — The objective of this study was to develop a third version of the Diabetes Attitude Scale (DAS-3) that is congruent with current scientific knowledge about diabetes, has improved subscale internal reliability scores, and is shorter than the earlier versions of this instrument.

RESEARCH DESIGN AND METHODS — The second DAS was revised and rewritten by a panel of diabetes experts, including patients, associated with the University of Michigan Diabetes Research and Training Center. The revised version of the instrument was sent to physicians, nurses, dietitians, and patients with diabetes. Completed and usable questionnaires were obtained from 384 patients with diabetes, 321 physicians, 540 nurses, and 569 dietitians. The total number of surveys used for these analyses was 1,814.

RESULTS — The study resulted in a revised DAS with 33 items and five discrete subscales. The subscales were attitudes toward the following: *1*) need for special training to provide diabetes care, 2) seriousness of type 2 diabetes, 3) value of tight glucose control, 4) pyschosocial impact of diabetes, and 5) attitude toward patient autonomy. Overall, the subscale reliabilities of the DAS-3 were superior to the earlier versions of the scale.

CONCLUSIONS — The DAS-3 is a valid and reliable general measure of diabetes-related attitudes and is most suitable for comparisons across different groups of health care professionals and/or patients. The DAS-3 is also suitable for the evaluation of patient and/or professional education programs if those programs focus on the specific topic areas measured by the five DAS-3 subscales.

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In the report to the U.S. Congress in 1975, the National Diabetes Commission suggested that the diabetes-related attitudes of health care professionals were often inappropriate and could lead to negative outcomes for patients (1). The Commission did not present scientific evidence to support its claims, which appeared to be based on personal experience and anecdotal evidence. To determine if the assertions of the Commission would be supported by research, the Diabetes Attitude Scale (DAS) for health care professionals was developed (2). The content of the original DAS was developed through the efforts of a national panel of diabetes experts (3).

In reviewing the responses to the DAS by physicians, nurses, and dietitians, it became clear that it would be useful to know how persons with diabetes viewed these same issues. Additionally, a DAS completed by both patients and health care professionals would allow for direct comparisons of the diabetes-related attitudes of both groups. We decided that the wording of the original DAS was too technical for patients and needed to be changed. We rewrote most of the items to make them less technical while trying to retain the original meaning. However, a study using two random samples of health care professionals, one of which completed the original DAS and the other completed the revised DAS, indicated that the revisions had changed the psychometric properties of the attitude scale (4). On the basis of these results, we determined that the revised DAS would have to be viewed as a new attitude measure, and its psychometric properties would be established through the administration of the scale to both patients and health care professionals (5,6).

The revised DAS has been used *1*) to measure the attitudes of patients toward diabetes and its treatment (7), 2) to demonstrate that controversial beliefs about diabetes could be attributed in part to membership in a professional group (e.g., physicians versus nurses, number of years since graduation from professional training schools, and whether or not one specialized in the treatment of diabetes [8]), 3) to demonstrate that a special diabetes training program for medical students could have an impact on the attitudes toward diabetes (9), and 4) to show that there was a consistent relationship between the diabetes-related attitudes of patients and their self-reported regimen adherence (10). The revised DAS has also been used to measure sex differences in diabetes attitudes (11) and to compare and contrast the attitudes of health care professionals and patients (12).

The Diabetes Control and Complications Trial (DCCT) (13) prompted us to revise the DAS again. The DCCT firmly established the role of blood glucose control in limiting the microvascular complications of diabetes. The findings of the DCCT, in effect, converted some attitude items in the current version of the DAS (e.g., people with diabetes who have poor blood sugar control are more likely to have diabetes complications than people who have good blood sugar control [13]) to knowledge items.

We also wished to shorten the instrument. We felt that having 50 items in the questionnaire was a barrier to its wider use

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Abbreviations: DAS, Diabetes Attitude Scale; DAS-3, third version of the Diabetes Attitude Scale; DCCT, Diabetes Control and Complications Trial; MDRTC, University of Michigan Diabetes Research and Training Center.

A table elsewhere in this issue shows conventional and Système International (SI) units and conversion factors for many substances.

Diabetes Attitude Scale - 3 Formulae*

Scale Name	Scale Equation	Special Instructions
Need for Special Training	∑ (Q1, Q6, Q10, Q17, Q20) / Number of non-missing items	
Seriousness of NIDDM	∑ (Q2, Q7, Q11, Q15, Q21, Q25, Q31) / Number of non-missing items	Reverse scores for Q2, Q7, Q11, and Q15.

This is the end of the SAMPLE DAS-3 scoring instructions.
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University of Michigan Diabetes Research and Training Center

Diabetes Attitude Survey

Below are some statements about diabetes. Each numbered statement finishes the sentence "In general, I believe that..." You may believe that a statement is true for one person but not for another person or may be true one time but not be true another time. Mark the answer that you believe is true most of the time or is true for most people. Place a check mark in the box below the word or phrase that is closest to your opinion about each statement. It is important that you answer every statement.

Note: The term "health care professionals" in this survey refers to doctors, nurses, and dietitians.

In general, I believe that:	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1. ...health care professionals who treat people with diabetes should be trained to communicate well with their patients.	☐	☐	☐	☐	☐
2. ...people who do not need to take insulin to treat their diabetes have a pretty mild disease.	☐	☐	☐	☐	☐
3. ...there is not much use in trying to have good blood sugar control because the complications of diabetes will happen anyway.	☐	☐	☐	☐	☐
4. ...diabetes affects almost every part of a diabetic person's life.	☐	☐	☐	☐	☐
5. ...the important decisions regarding daily diabetes care should be made by the person with diabetes.	☐	☐	☐	☐	☐
6. ...health care professionals should be taught how daily diabetes care affects patients' lives.	☐	☐	☐	☐	☐

This is the end of the SAMPLE DAS-3 questionnaire.
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