

This is a **Sample** version of the

Diabetes specific quality of life scale (DSQOLS)

The **full version** of the DSQOLS comes without 'sample' watermark.

The full complete 18 page version includes –

- DSQOLS Overview information
- DSQOLS Scoring/ Administration instructions
- DSQOLS Complete Questionnaire/ Assessment
- DSQOLS Clinical Validity

Buy full version here -  **for \$7.00**

Once you have paid for your item you will receive a direct link to download your full complete e-book instantly. You will also receive an email with a link to download your e-book. Each purchased product you order is available to download for 24 hours from time of purchase. Should you have any problems or enquiries please contact - info@agedcaretests.com

To see more assessments tests and scales go to - www.agedcaretests.com

Validation of a Diabetes-Specific Quality-of-Life Scale for Patients With Type 1 Diabetes

UWE BOTT, PHD
INGRID MÜHLHAUSER, MD

HUBERT OVERMANN, DS
MICHAEL BERGER, MD

OBJECTIVE— To validate a diabetes-specific quality-of-life scale and to assess its psychometric properties in a large sample of patients with type 1 diabetes.

RESEARCH DESIGN AND METHODS — To assess the quality of diabetes care in a population-based study, a representative sample of 684 patients with type 1 diabetes was examined. A total of 657 patients (42% female; mean age 36 years; mean diabetes duration 18 years) completed the diabetes-specific quality-of-life scale (DSQOLS), which comprised 64 items on individual treatment goals (10 items), satisfaction with treatment success (10 items), and diabetes-related distress (44 items). Statistical examinations covered factor analysis, internal consistency of subscales, and construct and discriminant validity.

RESULTS— Factor analysis of the 44 items on diabetes-specific burdens revealed six reliable components (Cronbach's α): social relations (0.88), physical complaints (0.84), worries about future (0.84), leisure time flexibility (0.85), diet restrictions (0.71), and daily hassles (0.70). All six subscales were significantly correlated with a validated well-being scale ($r = -0.35$ to -0.53 , $P < 0.001$) and treatment satisfaction ($r = 0.28$ to 0.43 , $P < 0.001$). Physical complaints ($r = 0.24$) and worries about future ($r = 0.17$) showed the highest correlations with HbA_{1c} ($P < 0.001$). A flexible insulin therapy, a liberalized diet, the absence of late complications, and a higher social status were significantly associated with more favorable scores in different domains.

CONCLUSIONS— The DSQOLS is a reliable and valid measure of diabetes-specific quality of life. The scale is able to distinguish between patients with different treatment and dietary regimens and to detect social inequities. Use of the DSQOLS for assessment of individual treatment goals as defined by the patients may be helpful to identify motivational deficits and to tailor individual treatment strategies.

In the evaluation of care in chronically ill patients, where both the diseases and therapeutic strategies can lead to symptoms, handicaps, and burdens on the lifestyle of patients and their families, the utility of quality-of-life assessments is generally accepted (1,2). Thus, it is well documented for people with type 1 diabetes that the diagnosis, the demands of daily treatment, and the emotional coping with the disease and its threatening acute and

late complications have major effects on the patient's physical, social, and psychological well-being (3–6). In addition, psychosocial variables have an important impact on self-management, acceptance of therapeutic regimen, and treatment success (7,8). Consequently any comprehensive approach to the evaluation of diabetes care must take into account individual perceptions of burdens in different life domains as determined in quality-of-life instruments (4,9).

Effective treatment strategies must enable patients to achieve good glycemic control (10) and, at the same time, they should interfere as little as possible with an independent and flexible lifestyle (4).

In light of the rising number of treatment options for patients and health care providers (e.g., genetically engineered insulin analogs), quality-of-life assessment will increasingly contribute to the therapeutic decisions and in the context of the allocation of resources in health politics (2,11).

Quality of life can only be appropriately measured by assessing the opinions and perceptions of patients (12). Associations between subjective health-related quality of life and objective parameters such as variables of metabolic control may be weak (13), especially when good metabolic outcomes (e.g., HbA_{1c}) are accompanied by a high incidence of adverse events such as hypoglycemia (14).

Health-related quality of life can be evaluated either through generic or disease-specific questionnaires (15). Generic measures are designed to be applied to many different impairments, illnesses, patients, and populations. In clinical trials, when interventions and different treatment regimens have to be evaluated in terms of within-subject changes, disease-specific measures are most appropriate because they achieve a greater responsiveness and sensitivity (15,16).

In the field of diabetes, several studies revealed that generic measures achieved only poor discriminant validity and were merely able to discriminate between different patient groups on different treatments or, if at all, only if severe health problems had already developed (17–20). Therefore, several diabetes-specific measures of quality of life have recently been developed and validated (4,14,20–24).

The most widely used is the diabetes quality-of-life (DQOL) instrument (14,21,25,26), which was used in the Diabetes Control and Complications Trial (DCCT). However, this measure did not detect any convincing differences regarding quality of life between intensively and conventionally treated patients, despite different levels of

This is the end of the SAMPLE DSQOLS clinical validity. Please return to page 1 to purchase complete version.

Diabetes specific quality of life scale (DSQOLS)

Scoring & administration

The DSQOLS is a reliable and valid measure of diabetes-specific quality of life. The scale is able to distinguish between patients with different treatment and dietary regimens and to detect social inequities. Use of the DSQOLS for assessment of individual treatment goals as defined by the patients may be helpful to identify motivational deficits and to tailor individual treatment strategies. The DSQOLS captures the impact of detailed aspects of modern type 1 diabetes management (e.g., carbohydrate counting and flexible insulin dose adjustment) that are now routine in many parts of the world.

Administration:

The 64-item DSQOLS was designed in Germany specifically for people with type 1 diabetes. It includes 44 burden items measuring the impact of diabetes on “social relations,” “leisure time flexibility,” “diet restrictions,” “physical complaints,” “daily hassles,” and “worries about the future.”

Respondents are asked to rate the extent to which each of the statements meets their “point of view” on a 6-point Likert scale: from 5 = “perfectly” to 0 = “not at all.”

A further 10 items measure treatment satisfaction (on a 6-point scale from 0 = “very satisfied” to 5 = “very dissatisfied”), and 10 more assess the personal importance of treatment goals on a 6-point Likert scale from 5 = “very important” to 0 = “totally unimportant.”

The 64 item DSQOLS take approximately 15 to 30 minutes to complete.

**This is the end of the SAMPLE DSQOLS scoring instructions.
Please return to page 1 to purchase complete version.**

Diabetes specific quality of life scale (DSQOLS)

Date _____ Name _____ DOB _____

Please tick the appropriate box for each question –

Which burdens and restrictions from diabetes and its treatment have you experienced during the last four weeks?...	This statement meets my point of view...					
	5. Perfectly	4. Quite good	3. A little	2. Rather not	1. Hardly	0. Not at all
1. It bothers me that I have to measure my blood glucose so often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It burdens me that I always have to think about my nutrition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I suffer from pain because of diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Because of diabetes the relationship to my partner has become worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am worried about the fact that my life could be shorter because of diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have the impression that I am less attractive for others because of diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Because of diabetes I feel sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am worried about my future health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It is a burden for me how other people react to my diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel nervous and restless when I think about episodes of low blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This is the end of the SAMPLE DSQOLS questionnaire.
Please return to page 1 to purchase complete version.**