

Diabetes Fear of Injecting and Self-testing Questionnaire (D-FISQ)

Instructions:

Please indicate to what extent self-injecting of insulin or self-testing of the blood glucose is a cause of distress to you, by checking the box that best suits your experience, referring to the past weeks.

Date:

ID:

SELF-INJECTING OF INSULIN

		(almost) never	some- times	often	(almost) always
When I have to inject myself:					
1.	I become restless	0	0	0	0
2.	I feel tense	0	0	0	0
3.	I feel afraid	0	0	0	0
4.	I worry about it	0	0	0	0
5.	I feel nervous	0	0	0	0
6.	I brood about it	0	0	0	0

Please make sure that you have answered all questions.

SELF-TESTING OF BLOOD GLUCOSE

		(almost) never	some- times	often	(almost) always
When I have to prick my finger:					
7.	I become restless	0	0	0	0
8.	I try to avoid it	0	0	0	0
9.	I feel tense	0	0	0	0
10.	I feel afraid	0	0	0	0
11.	I worry about it	0	0	0	0
12.	I feel nervous	0	0	0	0
13.	I brood about it	0	0	0	0
14.	I try to postpone it	0	0	0	0
15.	I get angry	0	0	0	0

*Please make sure that you have answered all questions.
Thank you for filling in this questionnaire.*