

**Risk Perception Survey-Diabetes Mellitus (RPS-DM)**  
**(ATTITUDES ABOUT HEALTH SURVEY)**

People who have diabetes are asked to do many things to take care of their health and prevent diabetes complications. I am going to read a list of statements. After I read each statement, please tell me if you believe it increases (or raises) the risk of someone getting diabetes complications, has no effect on the risk, or decreases (or lowers) the risk of someone getting diabetes complications.

The first one is...	Increase the risk of getting diabetes complications	Have NO effect on the risk, or	Decrease the risk of getting diabetes complications
1. Having diabetes for more than 15 years, does this...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
2. Checking your feet every day, does this...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
3. Keeping blood sugar levels close to normal, does this...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
4. Having a yearly eye exam, does this...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
5. Having high blood pressure, does this...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

The next set of questions are about your risks, or chances, of having diabetes health problems. Please answer by saying that you “strongly agree,” “agree,” “disagree,” or “strongly disagree.”

First...	Strongly Agree	Agree	Disagree	Strongly Disagree
6. I feel that I have little control over risks to my health.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
7. If I am going to get complications from diabetes, there is not much I can do about it.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
8. I am very concerned about getting diabetes health problems.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
9. Compared to other people <b>with diabetes</b> of my same age and sex, I am <i>less</i> likely than they are to get diabetes complications.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
10. Compared to other people <b>with diabetes</b> of my same age and sex, I am <i>less</i> likely to have serious health problems.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
11. My own efforts can help control my risks of getting diabetes complications.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
12. I worry about getting diabetes complications.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
13. If I make a good effort to control the risks of diabetes complications, I am much less likely to get complications.	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

The next group of questions ask about your own personal risk for several health problems or diseases. For each one, please tell me if you think **your own personal health** is at “almost no risk,” “slight risk,” “moderate risk,” or “high risk” for having these problems. I’ll then ask if you now have or had this health problem in the past.

How would you rate your risk of:	Almost No Risk	Slight Risk	Moderate Risk	High Risk	Have you ever had ( <i>read each problem</i> )?	
					Yes	No
14. Heart attack, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
15. Foot amputation, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
16. Cancer, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
17. Vision problems, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
18. High blood pressure, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
19. Numb feet, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
20. Stroke, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
21. Blindness, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>
22. Kidney failure, is it...	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>0</sup>

I’m going to read a list of possible hazards or dangerous conditions in the environment around most of us. For each one, please tell me if **your own personal health** is at "almost no risk," "slight risk," "moderate risk" or "high risk.."

How would you rate your risk from:	Almost No Risk	Slight Risk	Moderate Risk	High Risk
23. Medical tests (e.g., X-rays, MRI)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
24. Violent crime	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
25. Extreme weather (hot or cold)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
26. Driving/riding in an automobile (car)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
27. "Street" drugs (illegal drugs)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
28. Air pollution	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
29. Pesticides	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
30. Household chemicals (cleaners)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
31. Cigarette smoke from people smoking around you	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>