Motivation for Diabetes Self-Management Interview (M-DSMI)

In the **Information–Motivation–Behavioral Skills (IMB)** model, motivation is split into **Personal Motivation** (your own attitudes and beliefs) and **Social Motivation** (support from others and the desire to meet their expectations).

For a face-to-face interview in a primary care setting, these questions are designed to be open-ended enough to trigger a conversation, allowing the interviewer to rate the patient's level of drive and social alignment.

Instructions for Interviewer: Ask the patient the following questions. Based on their verbal response and non-verbal cues (tone, certainty, body language), rate their motivation on a scale of **0 (Low)**, **1 (Moderate)**, or **2 (High)**.

Item	Dimension	Interview Question	0 (Low)	1 (Moderate)	2 (High)
1	**Personal: Outcome Beliefs**	"How much do you believe that strictly managing your diabetes today will prevent serious health problems in the future?"	Doesn't believe it helps; "whatever happens, happens."	Believes it might help a little, but is skeptical.	Strongly convinced that daily care is the key to their future health.
2	**Personal: Goal Intentions**	"How determined are you to reach your blood sugar or A1c targets over the next few months?"	No interest in targets; has no specific health goals.	Wants to improve but lacks a clear sense of urgency or plan.	Very determined; has clear targets they are eager to reach.
3	**Personal: Affective Attitude**	"When you think about the daily tasks of diabetes care (diet, meds), do you feel they are a manageable part of your life?"	Feels overwhelmed, angry, or completely burdened by the tasks.	Views tasks as a chore; does them but with some resentment.	Views tasks as a positive, manageable, and routine part of life.
4	**Social: Subjective Norms**	"How important is it to your family and close friends that you stay on top of your diabetes management?"	They don't seem to care or they actively discourage healthy habits.	They think it's "fine" but don't place much importance on it.	They view it as a top priority and expect the patient to succeed.

5	**Social: Social Support**	"Do you have someone in your life who encourages you or helps you stick to your treatment plan?"	No support; feels completely alone in managing the disease.	Has someone who helps occasionally, but not consistently.	Has a strong, reliable support system (spouse, friend, group).
6	**Social: Clinical Trust**	"How motivated do you feel to follow the specific advice and plan we discuss here in the clinic?"	Not motivated; likely to ignore or "forget" the clinical advice.	Follows the "big" things but ignores the smaller details.	Highly motivated to partner with the team and follow the plan.

Scoring Guide

- **Total Score:** 0–12 points.
- **Low Motivation (0–4):** High risk of non-adherence; requires immediate motivational interviewing.
- **Moderate Motivation (5–8):** Needs reinforcement of personal benefits and social support.
- **High Motivation (9–12):** Strong internal and social drivers; focus on translating this into **Behavioral Skills**.

Answer
The 6-item interview tool evaluates personal beliefs, goal commitment, and social support on a 0–2 scale, providing a structured way to quantify a patient's motivation during a face-to-face clinical encounter.

Supporting References (APA Style)

- **Fisher, W. A., Fisher, J. D., & Shuper, P. A. (2009).** The Information-Motivation-Behavioral Skills model of HIV preventive behavior: A health psychology framework. In S. DiClemente, R. A. Crosby, & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research* (2nd ed., pp. 21–63). Jossey-Bass.
- **Osborn, C. Y., & Fisher, J. D. (2008).** The IMB model of diabetes self-care: Advancing emotional personal motivation and clinical social motivation. *Health Psychology*, *27*(6), 713–722.