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Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID			

SEARCH Diabetes Related Family Conflict Survey - Parent Version for those who have a 10-17 year old child

Think about your child's diabetes care over the **past month**. For each of the following parts of your child's diabetes care, decide **how much you argued or hassled with your child** about it during that time. Please read each question and circle the best answer.

- 1 if you **almost never argue** with your child
- 2 if you **sometimes argue** with your child
- 3 if you **almost always argue** with your child

During the **PAST MONTH**, I have argued with my child about...

	Almost Never Argue	Sometimes Argue	Almost Always Argue
1. Remembering to give shots or to bolus (pump)	1	2	3
2. Taking more or less insulin depending on results	1	2	3
3. Remembering to check blood sugars	1	2	3
4. Remembering clinic appointments	1	2	3
5. Giving shots or boluses (pump)	1	2	3
6. Meals and snacks	1	2	3
7. Results of blood sugar monitoring	1	2	3
8. The early signs of low blood sugar	1	2	3
9. What to eat when away from home	1	2	3
10. Making appointments with dentists and doctors	1	2	3
11. Telling teachers about diabetes	1	2	3
12. Telling friends about diabetes	1	2	3
13. Carrying sugar/carbs for reactions	1	2	3
14. School absences	1	2	3
15. Supplies	1	2	3

	Almost Never Argue	Sometimes Argue	Almost Always Argue
16. Telling relatives about diabetes	1	2	3
17. Rotating injection sites or infusion sets (pump)	1	2	3
18. Changes in health (like weight or infections)	1	2	3
19. Logging blood sugar results	1	2	3
20. Exercising	1	2	3

FOR STUDY USE ONLY

Date Completed	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Day</small>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Completed by	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Date Reviewed	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Day</small>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Reviewer Code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Date Entered	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Day</small>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	Data Entry Code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>