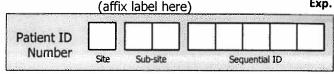
Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/xxxx





PedsQL Diabetes Module

Version 3.0

PARENT REPORT for CHILDREN (ages 8-12)

DIRECTIONS

Children with diabetes sometimes have special problems. On the following page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month** by circling:

0 if it is never a problem
1 if it is almost never a problem
2 if it is sometimes a problem
3 if it is often a problem

4 if it is almost always a problem

There are no right or wrong answers.

If you do not understand a question, please ask for help.

PedsQL 3.0 Parent (8-12) Diabetic (06/15/02, Version 1, 1:34 PM)

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In the past ONE month, how much of a problem has your child had with ...

DIABETES (problems with)	Never	Almost Never	Some- times	Often	Almost Always
1. Feeling hungry	0	1	2	3	4
2. Feeling thirsty	0	1	2	3	4
3. Having to go to the bathroom too often	0	1	2	3	4
4. Having stomachaches	0	1	2	3	4
5. Having headaches	0	1	2	3	4
6. Going "low"	0	1	2	3	4
7. Feeling tired or fatigued	0	1	2	3	4
8. Getting shaky	0	1	2	3	4
9. Getting sweaty	0	1	2	3	4
10. Having trouble sleeping	0	1	2	3	4
11. Getting irritable	0	1	2	3	4

TR	EATMENT - I (problems with)	Never	Almost Never	Some- times	Often	Almost Always
1.	Needle sticks (i.e. injections/blood tests) causing him/her pain	0	1	2	3	4
2.	Getting embarrassed about having diabetes	0	1	2	3	4
3.	3. Arguing with me or my spouse about diabetes care		1	2	3	4
4.	Sticking to his/her diabetes care plan	0	1	2	3	4

Whether your child does these things **independently or with your help**, please answer how difficult these things were to do in the past **ONE month**. (Note: This section is **not** asking about your child's independence in these areas, just how hard they were to do).

TREATMENT - II (problems with)	Never	Almost Never	Some- times	Often	Almost Always
1. It is hard for my child to take blood glucose tests	0	1	2	3	4
2. It is hard for my child to take insulin shots	0	1	2	3	4
3. It is hard for my child to exercise	0	1	2	3	4
It is hard for my child to track carbohydrates or exchanges	0	1	2	3	4
5. It is hard for my child to wear his/her id bracelet	0	1	2	3	4
It is hard for my child to carry a fast-acting carbohydrate	0	1	2	3	4
7. It is hard for my child to eat snacks	0	1	2	3	4

WORRY (problems with)		Almost Never	Some- times	Often	Almost Always
1. Worrying about "going low"	0	1	2	3	4
Worrying about whether or not medical treatments are working		1	2	3	4
Worrying about long-term complications of diabetes	0	1	2	3	4

In the past ONE month, how much of a problem has your child had with ...

COMMUNICATION (problems with)	Never	Almost Never	Some- times	Often	Almost Always
1. Telling the doctors and nurses how he/she feels	0	1	2	3	4
2. Asking the doctors or nurses questions	0	1	2	3	4
3. Explaining his/her illness to other people	0	1	2	3	4

FOR STUDY USE ONLY							
Date Completed	Month	Day	Year	Completed by			
Date Reviewed	Month	Day	Year	Reviewer Code			
Date Entered	Month	Day	Year	Data Entry Code			