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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 type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Completed by | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Month | Day | Year | | | | | | |
| Date Reviewed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Reviewer Code | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Month | Day | Year | | | | | | |
| Date Entered | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Data Entry Code | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Month | Day | Year | | | | | | |