

TODAY Form PEDSQLDC, Pediatric Quality of Life Inventory Diabetes Module – Teen Report (Ages 13-18)

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Release Participant ID

RELEASEID

Release Visit Number

MVISIT

Days since randomization:

DAYS

*In the past **ONE month**, how much of a **problem** has this been for you...*

About My Diabetes (<i>problems with...</i>)	Never	Almost Never	Sometimes	Often	Almost Always	
1. I feel hungry	0	1	2	3	4	D01HUNGR
2. I feel thirsty	0	1	2	3	4	D02THIRS
3. I have to go to the bathroom too often	0	1	2	3	4	D03TOILT
4. I have stomachaches	0	1	2	3	4	D04STOM
5. I have headaches	0	1	2	3	4	D05HEAD
6. I go "low"	0	1	2	3	4	D06GOLOW
7. I feel tired or fatigued	0	1	2	3	4	D07TIRED
8. I get shaky	0	1	2	3	4	D08SHAKY
9. I get sweaty	0	1	2	3	4	D09SWEAT
10. I have trouble sleeping	0	1	2	3	4	D10SLEEP
11. I get irritable	0	1	2	3	4	D11IRRIT

Treatment I (<i>problems with...</i>)	Never	Almost Never	Sometimes	Often	Almost Always	
1. It hurts to prick my finger or give insulin shots	0	1	2	3	4	D12FINGR
2. I am embarrassed about having diabetes	0	1	2	3	4	D13EMBAR
3. My parents and I argue about my diabetes care	0	1	2	3	4	D14PAREN
4. It is hard for me to stick to my diabetes care plan	0	1	2	3	4	D15CARE

TODAY Form PEDSQLDC, Pediatric Quality of Life Inventory Diabetes Module – Child Report (Ages 8-12)

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Whether you do these things **on your own or with the help of your parents**, please answer how hard these things were to do in the past **ONE month**.

Treatment II (problems with...)	Never	Almost Never	Some-times	Often	Almost Always	
1. It is hard for me to take blood glucose tests	0	1	2	3	4	D16GLUC
2. It is hard for me to take insulin shots (<u>only answer if you are taking insulin shots</u>)	0	1	2	3	4	D17SHOT
3. It is hard for me to exercise	0	1	2	3	4	D18EXER
4. It is hard for me to keep track of carbohydrates or exchanges	0	1	2	3	4	D19TRACK
5. It is hard for me to wear my id bracelet	0	1	2	3	4	D20BRACE
6. It is hard for me to carry a fast-acting carbohydrate	0	1	2	3	4	D21CARBO
7. It is hard for me to eat snacks	0	1	2	3	4	D22SNACK

Worry (problems with...)	Never	Almost Never	Some-times	Often	Almost Always	
1. I worry about "going low"	0	1	2	3	4	D23GOLOW
2. I worry about whether or not my medical treatments are working	0	1	2	3	4	D24TREAT
3. I worry about long-term complications from diabetes	0	1	2	3	4	D25COMPL

In the past **ONE month**, how much of a **problem** has this been for you...

Communication (problems with...)	Never	Almost Never	Some-times	Often	Almost Always	
1. It is hard for me to tell the doctors and nurses how I feel	0	1	2	3	4	D26FEEL
2. It is hard for me to ask the doctors and nurses questions	0	1	2	3	4	D27QUEST
3. It is hard for me to explain my illness to other people	0	1	2	3	4	D28EXPLN