

	SATISFIED			DISSATISFIED	
	<u>Very</u>	<u>Moderately</u>	<u>Neither</u>	<u>Moderately</u>	<u>Very</u>
<u>Speaking generally:</u>					
A8. How satisfied are you with your sleep?	(1)	(2)	(3)	(4)	(5)
A9. How satisfied are you with your social relationships and friendship?	(1)	(2)	(3)	(4)	(5)
A10. How satisfied are you with your sex life?	(1)	(2)	(3)	(4)	(5)
A11. How satisfied are you with your work, school, and household activities?	(1)	(2)	(3)	(4)	(5)
A12. How satisfied are you with the appearance of your body?	(1)	(2)	(3)	(4)	(5)
A13. How satisfied are you with the time you spend exercising?	(1)	(2)	(3)	(4)	(5)
A14. How satisfied are you with your leisure time?	(1)	(2)	(3)	(4)	(5)
A15. How satisfied are you with your life in general?	(1)	(2)	(3)	(4)	(5)

Answer the next questions if you attend school:

A16. How satisfied are you with your performance in school?	(1)	(2)	(3)	(4)	(5)
A17. How satisfied are you with how your classmates treat you?	(1)	(2)	(3)	(4)	(5)
A18. How satisfied are you with your attendance in school?	(1)	(2)	(3)	(4)	(5)

Everyone answer the next question:

A19. Compared to other persons your age, would you say your health is: (CHECK ONE)

- Excellent (1)
 Good (2)
 Fair (3)
 Poor (4)

B. DIRECTIONS: Read each statement carefully. Please indicate how often the following events happen to you. Check () the appropriate box. There are no right or wrong answers to these questions. We are interested in your opinion.

	<u>Never</u>	<u>Seldom</u>	<u>Some- times</u>	<u>Often</u>	<u>All the Time</u>
B1. How often do you feel pain associated with the treatment of your diabetes?	(1)	(2)	(3)	(4)	(5)
B2. How often are you embarrassed by having to deal with your diabetes in public?	(1)	(2)	(3)	(4)	(5)
B3. How often do you have low blood sugar?	(1)	(2)	(3)	(4)	(5)
B4. How often do you feel physically ill?	(1)	(2)	(3)	(4)	(5)
B5. How often does your diabetes interfere with your family life?	(1)	(2)	(3)	(4)	(5)
B6. How often do you have a bad nights sleep?	(1)	(2)	(3)	(4)	(5)
B7. How often do you find your diabetes limiting your social relationships and friendships?	(1)	(2)	(3)	(4)	(5)
B8. How often do you feel good about yourself?	(1)	(2)	(3)	(4)	(5)
B9. How often do you feel restricted by your diet?	(1)	(2)	(3)	(4)	(5)
B10. How often does your diabetes interfere with your sex life?	(1)	(2)	(3)	(4)	(5)
B11. How often does your diabetes keep you from driving a car or using a machine (for example, a typewriter)?	(1)	(2)	(3)	(4)	(5)
B12. How often does your diabetes interfere with your exercising?	(1)	(2)	(3)	(4)	(5)
B13. How often do you miss work, school or household duties because of your diabetes?	(1)	(2)	(3)	(4)	(5)
B14. How often do you find yourself explaining what it means to have diabetes?	(1)	(2)	(3)	(4)	(5)
B15. How often do you find that your diabetes interrupts your leisure time activities?	(1)	(2)	(3)	(4)	(5)
B16. How often do you tell others about your diabetes?	(1)	(2)	(3)	(4)	(5)
B17. How often are you teased because you have diabetes?	(1)	(2)	(3)	(4)	(5)
B18. How often do you feel that because of your diabetes you go to the bathroom more than others?	(1)	(2)	(3)	(4)	(5)
B19. How often do you find you eat something you shouldn't rather than tell someone that you have diabetes?	(1)	(2)	(3)	(4)	(5)
B20. How often do you hide from others the fact that you are having an insulin reaction?	(1)	(2)	(3)	(4)	(5)

	<u>Never</u>	<u>Seldom</u>	<u>Some- times</u>	<u>Often</u>	<u>All the Time</u>
<u>Answer the next questions if you attend school:</u>					
B21. How often do you find that your diabetes prevents you from participating in school activities (for example, being active in a school play, being on a sports team, being in a school band, etc.)?	(1)	(2)	(3)	(4)	(5)
B22. How often do you find that your diabetes prevents you from going out to eat with your school friends?	(1)	(2)	(3)	(4)	(5)
B23. How often do you find that your diabetes is limiting your career or what you will be able to do in the future?	(1)	(2)	(3)	(4)	(5)

Answer the next questions if you are living with your parents:

B24. How often do you find that your parents are too protective of you?	(1)	(2)	(3)	(4)	(5)
B25. How often do you feel that your parents worry too much about your diabetes?	(1)	(2)	(3)	(4)	(5)
B26. How often do you find that close family members (for example, brothers, sisters, cousins) tease you about your diabetes?	(1)	(2)	(3)	(4)	(5)
B27. How often do you find that your parents act like diabetes is their disease, not yours?	(1)	(2)	(3)	(4)	(5)

C. DIRECTIONS: Read each statement carefully. Please indicate how often the following events happen to you. Check () the appropriate box. There are no right or wrong answers to these questions. We are interested in your opinion.

	<u>Does Not Apply</u>	<u>Never</u>	<u>Seldom</u>	<u>Some- times</u>	<u>Often</u>	<u>All the Time</u>
C1. How often do you worry about whether you will get married?	(0)	(1)	(2)	(3)	(4)	(5)
C2. How often do you worry about whether you will have children?	(0)	(1)	(2)	(3)	(4)	(5)
C3. How often do you worry about whether you will not get a job you want?	(0)	(1)	(2)	(3)	(4)	(5)
C4. How often do you worry about whether you will pass out?	(0)	(1)	(2)	(3)	(4)	(5)
C5. How often do you worry about whether you will be denied insurance?	(0)	(1)	(2)	(3)	(4)	(5)
C6. How often do you worry about whether you will be able to complete your education?	(0)	(1)	(2)	(3)	(4)	(5)
C7. How often do you worry about whether you will miss work?	(0)	(1)	(2)	(3)	(4)	(5)

	Does Not <u>Apply</u>	<u>Never</u>	<u>Seldom</u>	<u>Some-</u> <u>times</u>	<u>Often</u>	All the <u>Time</u>
C8. How often do you worry about whether you will be able to take a vacation or a trip?	(0)	(1)	(2)	(3)	(4)	(5)
C9. How often do you worry that your body looks different because you have diabetes?	(0)	(1)	(2)	(3)	(4)	(5)
C10. How often do you worry that you will get complications from your diabetes?	(0)	(1)	(2)	(3)	(4)	(5)
C11. How often do you worry about whether someone will not go out with you because you have diabetes?	(0)	(1)	(2)	(3)	(4)	(5)
<u>Answer the next questions if you attend school:</u>						
C12. How often do you worry that your teachers treat you differently because of your diabetes?	(0)	(1)	(2)	(3)	(4)	(5)
C13. How often do you worry that your diabetes will disrupt something you currently are doing in school (for example, act in a play, continue on a sports team, be in the school band, etc.)?	(0)	(1)	(2)	(3)	(4)	(5)
C14. How often do you worry that because of your diabetes you are behind in terms of dating, going to parties, and keeping up with your friends?	(0)	(1)	(2)	(3)	(4)	(5)