



(Self-Administered, Parent)

Study ID

**PDQ – Parent**

A. Today's date is:     
Month Day Year

For each part of living with your child's diabetes, check the number that comes closest to how much it bothers you.

	A Lot	Some	Very Little	Not at all
1. Worry or fear about my child's high blood sugar	1	2	3	4
2. Worry or fear about my child's low blood sugar	1	2	3	4
3. Being different from others because of my child's diabetes	1	2	3	4
4. Thinking about my child's diabetes a lot	1	2	3	4
5. Worrying how eating affects my child's blood sugar	1	2	3	4
6. Family time spent on diabetes	1	2	3	4
7. Worrying about my child's long term health	1	2	3	4
8. Keeping low blood sugars from happening to my child	1	2	3	4
9. Keeping high blood sugars from happening to my child	1	2	3	4
10. My child's pain/discomfort from finger sticks	1	2	3	4
11. My child's pain/discomfort from shots, pump sets, etc.	1	2	3	4
12. Family arguments or friction about diabetes	1	2	3	4
13. Getting enough good sleep	1	2	3	4
14. Acceptance of meal planning	1	2	3	4
15. School or work problems because of diabetes	1	2	3	4
16. Problems in sports, exercise or playing because of diabetes	1	2	3	4
17. Working with diabetes doctors and nurses	1	2	3	4
18. Family teamwork around diabetes	1	2	3	4
19. People who don't understand diabetes	1	2	3	4
20. Feeling that my child's diabetes controls my life	1	2	3	4