



PDQ – Participant

(Self-Administered, Participant)

Study ID

A. Today's date is:
Month Day Year

For each part of living with 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 high blood sugar	1	2	3	4
2. Worry or fear about low blood sugar	1	2	3	4
3. Being different from others because of having diabetes	1	2	3	4
4. Thinking about diabetes a lot	1	2	3	4
5. Worrying how eating affects blood sugar	1	2	3	4
6. Family time spent on diabetes	1	2	3	4
7. Worrying about long term health	1	2	3	4
8. Keeping low blood sugars from happening	1	2	3	4
9. Keeping high blood sugars from happening	1	2	3	4
10. Pain/discomfort from finger sticks	1	2	3	4
11. 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 diabetes controls my life	1	2	3	4