(Self-Administered, Participant)

Study ID | | | | | |

Health History – Participant

This form will ask some questions about your health and your diabetes care.

A. Today's Date: | | | | | | | | | |

Month **Day** **Year**

GLOBAL HEALTH

1. Do you consider your health to be_____
   - ❑ Excellent
   - ❑ Good
   - ❑ Fair
   - ❑ Poor

DIABETES CARE

2. How much of your diabetes care do you do for yourself?
   - ❑ None
   - ❑ Less than half but not none
   - ❑ About half
   - ❑ More than half but not all
   - ❑ All (*skip to question 5*)

3. Who helps you the most with your diabetes care? Check only one.
   - ❑ Mom
   - ❑ Dad
   - ❑ Step-mom
   - ❑ Step-dad
   - ❑ Grandmother
   - ❑ Grandfather
   - ❑ Other: _____

4. Does anyone else help you with your diabetes care? Please mark yes or no for each.

Yes	No	
❑	❑	Mom
❑	❑	Dad
❑	❑	Step-mom
❑	❑	Step-dad
❑	❑	Grandmother
❑	❑	Grandfather
❑	❑	Brother/sister
❑	❑	School nurse or other adult at school
❑	❑	Other:_____

5. How many of your friends know about your diabetes?
   - ❑ None
   - ❑ One
   - ❑ Two
   - ❑ Three
   - ❑ Four or more friends

INSULIN AND OTHER MEDICATIONS

6. How do you take insulin? Mark Yes or No for each option.

Yes	No	
❑	❑	With a syringe (needle)
❑	❑	With an insulin pen
❑	❑	With an insulin pump

7. How often do you take insulin each day on average?
   - ❑ 1 time a day
   - ❑ 2 times a day
   - ❑ 3 times a day
   - ❑ More than 3 times a day
   - ❑ Insulin pump
   - ❑ Don't know

8. What are some of the reasons that you miss any of your insulin? **Please mark yes or no for each line.**

Yes	No	Reason
❑	❑	Never miss
❑	❑	Forgot
❑	❑	Thought it would help to lose weight
❑	❑	Worried about low blood sugar
❑	❑	Insulin or supplies cost too much
❑	❑	Don't want to give insulin when others are around
❑	❑	Tired of shots
❑	❑	Afraid of needles
❑	❑	Other:_____

9. Have you ever used continuous glucose monitoring (CGM) to measure your glucose?
   - ❑ Yes (go to Question 9a)
   - ❑ No (skip to Question 10)
   - ❑ Don't Know (skip to Question 10)

   a. If yes, how many days in the last month have you used continuous glucose monitoring?
   - ❑ Never
   - ❑ 1-3 days
   - ❑ 4-6 days
   - ❑ 7-9 days
   - ❑ ≥10 days

DIABETES EDUCATION

10. How often has your diabetes care provider suggested that your blood sugar be tested?
    - ❑ 6 or more times daily
    - ❑ 4 or 5 times daily
    - ❑ 2 or 3 times daily
    - ❑ Once daily
    - ❑ Don't know

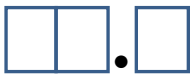
11. When you are at school, how often do you test your blood sugar at lunch time?
    - ❑ 4 or 5 times a week
    - ❑ 2 or 3 times a week
    - ❑ Once a week
    - ❑ Less than once a week
    - ❑ Never
    - ❑ Don't know

12. For the next set of items, please indicate if your doctor or other health care provider (such as a diabetes educator or nurse) has explained to you, shown you, or given you information about the following:

	Yes	No	Don't Know
a. What to do for symptoms of low blood sugar?	❑	❑	❑
b. What to do for symptoms of high blood sugar?	❑	❑	❑
c. Physical activity guidelines for you?	❑	❑	❑
d. Dietary guidelines for you?	❑	❑	❑
e. What is a good number for your blood sugar?	❑	❑	❑
f. How to adjust insulin based on carbohydrates eaten?	❑	❑	❑
g. How to adjust insulin based on physical activity?	❑	❑	❑
h. How to adjust your insulin and other diabetes medications when you are sick?	❑	❑	❑
i. Psychological issues you may face with regard to having diabetes?	❑	❑	❑
j. Who you can go to for general information about diabetes?	❑	❑	❑

13. Has a healthcare provider ever told you what your target HbA1c is?
    - ❑ Yes
    - ❑ No, go to question 14
    - ❑ Don't know, go to question 14

    13a. What is your target HbA1c?



14. Adolescents with diabetes receive different dietary recommendations, depending on their own individual needs. Please indicate below which of the dietary recommendations you have received from health care providers, and how frequently each method is currently used.

	Have you ever received this recommendation?			How often do you use this recommendation?		
Dietary Recommendations	**Yes**	**No**	**Don't know**	**Often**	**Sometimes**	**Never**
a. keep track of calories						
b. count carbohydrates						
c. choose low glycemic index foods						
d. use dietary exchanges						
e. keep track of fat grams						
f. limit sweets						
g. limit high fat foods						
h. drink more milk						
i. eat more fruits and vegetables						
j. eat more fiber and whole grains						

LIVING WITH DIABETES

15. For each part of living with your diabetes, check the number that comes closest to how much it bothers <u>you.</u>

	A Lot	Some	Very Little	Not at all
a. Afraid of being active because my blood sugar would be too high or too low	1	2	3	4
b. Unhappy with my weight	1	2	3	4
c. Don't know what to eat to be healthy	1	2	3	4
d. Worrying about developing heart disease at a young age	1	2	3	4
e. Worrying about developing diabetic eye disease at a young age	1	2	3	4
f. Worrying about developing diabetic kidney disease at a young age	1	2	3	4

16. Have you ever been to a diabetes camp?

❑ Yes

16a. If yes, did you go in the last 12 months?

❑ Yes ❑ No ❑ Don't know

❑ No

17. Have you ever been discriminated against because of diabetes?

❑ Yes

a. If yes, this was related to (please mark yes or no for each line):

Yes	No	
❑	❑	Classes at school
❑	❑	Sports at school
❑	❑	Other activities at school
❑	❑	Employment
❑	❑	Volunteer activities
❑	❑	Social settings

❑ No

TECHNOLOGY USE FOR DIABETES CARE

18. Do you have a computer, tablet, or smartphone available in your home?

❑ Yes → a. If yes, how often do you use the computer, tablet or smartphone to help with your diabetes care (for example, to keep track of blood sugar, look up carb counts, send reminders to take insulin, communicate with provider about blood glucose results)?

- ❑ Never or less than 1 time per month
- ❑ 1-3 times a month
- ❑ 1-6 times a week
- ❑ Up to one or more times daily

❑ No

19. Where do you go for information about diabetes?

	Never	Sometimes	Often
a. Your parent	1	2	3
b. Your diabetes provider	1	2	3
c. Friends/other family members	1	2	3
d. Internet	1	2	3
e. Social media (Facebook, etc)	1	2	3
f. Books/magazines/handouts from your diabetes provider	1	2	3
g. Books/magazines/handouts you get on your own	1	2	3

Thank you! Your participation is greatly appreciated.