



(affix label here)

Patient ID Number	<input type="text"/>						
	Site	Sub-site		Sequential ID			

NOTE: All variables in the data have suffix "_child"

SEARCH Pediatric Diabetes Quality of Life Scale - Participant Version (age 10 and older)

For each part of living with diabetes, circle 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	worryhighbs_pqol
2. Worry or fear about low blood sugar	1	2	3	4	worrylowbs_pqol
3. Being different from others because of having diabetes	1	2	3	4	beingdiff_pqol
4. Thinking about diabetes a lot	1	2	3	4	thinkingabout_pqol
5. Worrying how eating affects blood sugar	1	2	3	4	eatingbs_pqol
6. Family time spent on diabetes	1	2	3	4	familytime_pqol
7. Worrying about long term health	1	2	3	4	worryhealth_pqol
8. Keeping low blood sugars from happening	1	2	3	4	avoidlowbs_pqol
9. Keeping high blood sugars from happening	1	2	3	4	avoidhighbs_pqol
10. Pain/discomfort from finger sticks	1	2	3	4	painfinger_pqol
11. Pain/discomfort from shots, pump sets, etc.	1	2	3	4	painshots_pqol
12. Family arguments or friction about diabetes	1	2	3	4	familyargue_pqol
13. Getting enough good sleep	1	2	3	4	goodsleep_pqol
14. Acceptance of meal planning	1	2	3	4	mealplanning_pqol
15. School or work problems because of diabetes	1	2	3	4	workproblems_pqol
16. Problems in sports, exercise or playing because of diabetes	1	2	3	4	sportproblems_pqol
17. Working with diabetes doctors and nurses	1	2	3	4	workingnurse_pqol
18. Family teamwork around diabetes	1	2	3	4	familyteam_pqol
19. People who don't understand diabetes	1	2	3	4	peopleunderstand_pqol
20. Feeling that diabetes controls my life	1	2	3	4	controllife_pqol

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0904).

FOR STUDY USE ONLY

Date Completed <i>compldat</i>	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	Completed by <i>complby</i>	<input type="text"/> <input type="text"/> <input type="text"/>
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Date Entered <i>enterdat</i>	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Day	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	Data Entry Code <i>enterby</i>	<input type="text"/> <input type="text"/> <input type="text"/>