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

**NOTE: All variables in the data have suffix "\_\_parent"**

## SEARCH Low Blood Sugar Survey – Parent version

**1. Behavior:** Below is a list of things people with diabetes sometimes DO IN ORDER TO AVOID LOW BLOOD SUGAR. Read each item carefully. Circle one of the numbers that best describes YOUR **CHILD'S** ACTIVITY.

The response categories are:

**0 = Never    1 = Rarely    2 = Sometimes    3 = Often    4 = Very Often**

	Never	Rarely	Some-times	Often	Very Often
1. Have your child eat large snacks at bedtime <b>largesnack_BLSG</b>	0	1	2	3	4
2. Avoid having your child being alone when his/her sugar is likely to be low <b>avoidalone_BLSG</b>	0	1	2	3	4
3. Allow blood sugar to be a little high to be on the safe side <b>highsafeside_BLSG</b>	0	1	2	3	4
4. Keep child's sugar higher when he/she will be alone for a while <b>highalone_BLSG</b>	0	1	2	3	4
5. Have child eat something as soon as he/she feels the first sign of low blood sugar <b>eatfirstsign_BLSG</b>	0	1	2	3	4
6. Reduce my child's insulin when I think his/her sugar is too low <b>reducetoolow_BLSG</b>	0	1	2	3	4
7. Keep my child's blood sugar higher when he/she plans to be away from me for a while <b>highaway_BLSG</b>	0	1	2	3	4
8. Have your child carry fast-acting sugar <b>fastacting_BLSG</b>	0	1	2	3	4
9. Have child avoid a lot of exercise when I think his/her sugar is low <b>avoidexercise_BLSG</b>	0	1	2	3	4
10. Check my child's sugar often when he/she plans to go on an outing <b>checkaway_BLSG</b>	0	1	2	3	4

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 Parents) 2. Worry:** Below is a list of concerns parents of children with diabetes sometimes have. Read each item carefully. Circle one of the numbers that best describes HOW OFTEN YOU WORRY ABOUT EACH ITEM.

The response categories are:

**0 = Never    1 = Rarely    2 = Sometimes    3 = Often    4 = Very Often**

	Never	Rarely	Some- times	Often	Very Often
11. Child not recognizing/realizing he/she is having a reaction. <i>reaction_BLSG</i>	0	1	2	3	4
12. Child not having food, fruit, or juice with him/her <i>nothavefood_BLSG</i>	0	1	2	3	4
13. Child feeling dizzy or passing out in public <i>feeldizzy_BLSG</i>	0	1	2	3	4
14. Child having a reaction while asleep <i>reactionasleep_BLSG</i>	0	1	2	3	4
15. Child embarrassing self or friends/family in a social situation <i>embarrass_BLSG</i>	0	1	2	3	4
16. Child having a reaction while alone <i>reactionalone_BLSG</i>	0	1	2	3	4
17. Child appearing "stupid" or clumsy <i>appearclumsy_BLSG</i>	0	1	2	3	4
18. Child losing control <i>losecontrol_BLSG</i>	0	1	2	3	4
19. No one being around to help child during a reaction <i>nohelpchild_BLSG</i>	0	1	2	3	4
20. Child making a mistake or having an accident at school <i>schoolaccident_BLSG</i>	0	1	2	3	4
21. Child getting a bad evaluation at school because of something that happens when his/her sugar is low. <i>schoolbadeval_BLSG</i>	0	1	2	3	4
22. Child having seizures or convulsions <i>seizures_BLSG</i>	0	1	2	3	4
23. Child developing long term complications from frequent low blood sugar <i>longterm_BLSG</i>	0	1	2	3	4
24. Child feeling light-headed or faint <i>feelfaint_BLSG</i>	0	1	2	3	4
25. Child having an insulin reaction <i>reactioninsulin_BLSG</i>	0	1	2	3	4

**This is the end of the questionnaire. Thank you for answering these questions.**

**FOR STUDY USE ONLY**

Date Completed

Month

Day

Year

Completed By

Date Reviewed

Month

Day

Year

Reviewer Code

Date Entered

Month

Day

Year

Data Entry  
Code