

## Module 5

**We would like to know more about what you or your child do to manage your child's diabetes.**

**1. Does your child wear or carry anything that says your child has diabetes, like a card or bracelet? (Check all that apply)**

- Yes, he/she wears a necklace, bracelet, charm, or has a diabetes tattoo {wear\_necklace}
- Yes, he/she carries an identification card {wear\_idcard}
- Yes, he/she has identification but does not wear or carry it {wear\_idnocarry}
- No, he/she does not have identification about diabetes {wear\_noid}
- Other (specify) {wear\_oth} {wear\_spec}
- Don't know {wear\_dk}

**2. People with diabetes receive different advice about what to eat for their diabetes and/or other health conditions. Please indicate below what advice you or your child has received from dietitians or other health care providers about what to eat or drink, and how often your child does these things.**

Dietary advice	Has your child ever received this advice?			How often does your child do this?		
	Yes	No	Don't know	Often	Sometimes	Never
Keep track of calories	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {calories1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {calories2_qocs}
Count carbohydrates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {carbohydrates1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {carbohydrates2_qocs}
Choose low glycemic index foods (foods that tend to raise blood sugar slowly)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {glycemic1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {glycemic2_qocs}
Use dietary exchanges	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {dietaryExchanges1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {dietaryExchanges2_qocs}
Keep track of fat grams	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatGrams1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatGrams2_qocs}
Limit sweets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {limitSweets1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {limitSweets2_qocs}
Limit high fat foods	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatFoods1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {fatFoods2_qocs}
Drink more milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreMilk1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreMilk2_qocs}
Eat more fruits and vegetables	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFruits1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFruits2_qocs}
Eat more fiber and whole grains	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFiber1_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {moreFiber2_qocs}
Avoid wheat or other foods that contain gluten	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {gluton1}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> {gluton2}

3. Has your child's diabetes provider taught you or your child how to adjust or change your child's insulin depending on how much or what kinds of food your child eats? [{adjustWhatEat\\_qocs}](#)

Yes →

How often do you or your child adjust or change his or her insulin based on what he/she has eaten? [{adjustInsulinEat\\_qocs}](#)

Often     Sometimes     Never

No

Does not apply – insulin not prescribed

Don't know

4. How much of your child's diabetes care does your child do for him/herself? Would you say: (Check one response) [{selfcare\\_heaq\\_s4}](#)

None

76 – 99%

Less than 25%

All → **Please go to Question 6**

25 – 50%

Don't know

51 – 75%

5. Who helps your child with his/her diabetes care? (Check all that apply)

[{helppare\\_heaq}](#)  Child's parent/stepparent/guardian

School nurse [{helpschoolnurse}](#)

[{helpgran\\_heaq}](#)  Child's grandparent

Other (specify) [{helpothe\\_heaq}](#) [{helpothspec}](#)

[{helpsibl\\_heaq}](#)  Child's brother/sister

Don't know [{helpdk}](#)

[{helpfriend}](#)  Child's friend

6. In general, how would you rate your child's overall health now? [{overallHealth\\_QOCS}](#)

Excellent

Very good

Good

Fair

Poor

7. How would you rate your child's diabetes control? [{pardmcon\\_heaq\\_s4}](#)

Excellent

Very good

Good

Fair

Poor

8. A test for hemoglobin A1C ("A one C") measures the average level of blood sugar over the past three months. What was your child's most recent hemoglobin A1C?

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[{a1clevel}](#)  
(write in number)

[{a1cleveldk}](#)  
Don't know

9. What hemoglobin A1C do you want your child to have?

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[{A1CPreferred\\_QOCS}](#)  
(write in number)

[{A1CPreferred2\\_QOCS}](#)  
Don't know