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

# PedsQL<sup>TM</sup>

## Diabetes Module

Version 3.0

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

### PARENT REPORT for YOUNG CHILDREN (ages 5-7)

#### DIRECTIONS

Children with diabetes sometimes have special problems. On the following page is a list of things that might be a problem for **your child**. Please tell us **how much of a problem** each one has been for **your child** during the **past ONE month** by circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.  
If you do not understand a question, please ask for help.

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).

In the past **ONE month**, how much of a **problem** has your child had with ...

<b>DIABETES (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Feeling hungry <b>hungry</b>	0	1	2	3	4
2. Feeling thirsty <b>thirsty</b>	0	1	2	3	4
3. Having to go to the bathroom too often <b>bathroom</b>	0	1	2	3	4
4. Having stomachaches <b>stomach</b>	0	1	2	3	4
5. Having headaches <b>headache</b>	0	1	2	3	4
6. Going "low" <b>golow</b>	0	1	2	3	4
7. Feeling tired or fatigued <b>tired</b>	0	1	2	3	4
8. Getting shaky <b>shaky</b>	0	1	2	3	4
9. Getting sweaty <b>sweaty</b>	0	1	2	3	4
10. Having trouble sleeping <b>sleep</b>	0	1	2	3	4
11. Getting irritable <b>irritabl</b>	0	1	2	3	4

<b>TREATMENT - I (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Needle sticks (i.e. injections/blood tests) causing him/her pain <b>prick</b>	0	1	2	3	4
2. Getting embarrassed about having diabetes <b>embarras</b>	0	1	2	3	4
3. Arguing with me or my spouse about diabetes care <b>argue</b>	0	1	2	3	4
4. Sticking to his/her diabetes care plan <b>stick</b>	0	1	2	3	4

Whether your child does these things **independently or with your help**, please answer how difficult these things were to do in the past **ONE month**. (Note: This section is **not** asking about your child's independence in these areas, just how hard they were to do).

<b>TREATMENT - II (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for my child to take blood glucose tests <b>glucose</b>	0	1	2	3	4
2. It is hard for my child to take insulin shots <b>insulin</b>	0	1	2	3	4
3. It is hard for my child to exercise <b>exercise</b>	0	1	2	3	4
4. It is hard for my child to track carbohydrates or exchanges <b>carbo</b>	0	1	2	3	4
5. It is hard for my child to wear his/her id bracelet <b>wearid</b>	0	1	2	3	4
6. It is hard for my child to carry a fast-acting carbohydrate <b>fastact</b>	0	1	2	3	4
7. It is hard for my child to child eat snacks <b>snack</b>	0	1	2	3	4

<b>WORRY (problems with...)</b>	Never	Almost Never	Some-times	Often	Almost Always
1. Worrying about "going low" <b>wrgolow</b>	0	1	2	3	4
2. Worrying about whether or not medical treatments are working <b>treatmnt</b>	0	1	2	3	4
3. Worrying about long-term complications of diabetes <b>complica</b>	0	1	2	3	4

In the past **ONE month**, how much of a **problem** has your child had with ...

<b>COMMUNICATION (problems with...)</b>	<b>Never</b>	<b>Almost Never</b>	<b>Some-times</b>	<b>Often</b>	<b>Almost Always</b>
1. Telling the doctors and nurses how he/she feels <i>telldoc</i>	0	1	2	3	4
2. Asking the doctors or nurses questions <i>askdoc</i>	0	1	2	3	4
3. Explaining his/her illness to other people <i>explain</i>	0	1	2	3	4

**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