



(affix label here)

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

PedsQLTM

Diabetes Module

Version 3.0

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

PARENT REPORT for TEENS (ages 13-18)

DIRECTIONS

Teens with diabetes sometimes have special problems. On the following page is a list of things that might be a problem for **your teen**. Please tell us **how much of a problem** each one has been for **your teen** 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 teen had with ...

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

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

Whether your teen 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 teen's independence in these areas, just how hard they were to do).

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

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

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

COMMUNICATION (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
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	<input type="text"/>	Completed by	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Month	Day	Year						
Date Reviewed	<input type="text"/>	Reviewer Code	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Month	Day	Year						
Date Entered	<input type="text"/>	Data Entry Code	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Month	Day	Year						