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SEARCH

(affix label here)

Patient ID Number								
	Site	Sub-site		Sequential ID				

PedsQL ™

Diabetes Module

Version 3.0
NOTE: All variables in the data have suffix "_child"
YOUNG CHILD REPORT (ages **5-7**)

Instructions for interviewer:

I am going to ask you some questions about things that might be a problem for some children. I want to know how much of a problem any of these things might be for you.

Show the child the template and point to the responses as you read.

If it is <u>not at all</u> a problem for you, point to the smiling face

If it is <u>sometimes</u> a problem for you, point to the middle face

If it is a problem for you <u>a lot</u>, point to the frowning face

I will read each question. Point to the pictures to show me how much of a problem it is for you. Let's try a practice one first.

	Not at all	Sometimes	A lot
Is it hard for you to snap your fingers	☺	😐	☹

Ask the child to demonstrate snapping his or her fingers to determine whether or not the question was answered correctly. Repeat the question if the child demonstrates a response that is different from his or her action.

Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing at the faces.

ABOUT MY DIABETES (problems with…)	Not at all	Some-times	A lot
1. Do you feel hungry hungry	0	2	4
2. Do you feel thirsty thirsty	0	2	4
3. Do you have to go to the bathroom a lot bathroom	0	2	4
4. Do you have stomachaches stomach	0	2	4
5. Do you have headaches headache	0	2	4
6. Do you go "low" golow	0	2	4
7. Do you feel tired or fatigued tired	0	2	4
8. Do you get shaky shaky	0	2	4
9. Do you get sweaty sweaty	0	2	4
10. Do you have trouble sleeping sleep	0	2	4
11. Do you get irritable irratable	0	2	4

ABOUT MY TREATMENT - I (problems with…)	Not at all	Some-times	A lot
1. Does it hurt to prick your finger & give insulin shots prick	0	2	4
2. Are you embarrassed about having diabetes embarras	0	2	4
3. Do you and your parents argue about diabetes care argue	0	2	4
4. Is it hard for you to stick to your diabetes care plan stick	0	2	4

Whether you do these things on your own or with the help of your parents, please answer how hard these things were to do in the past ONE month.

ABOUT MY TREATMENT - II (problems with…)	Not at all	Some-times	A lot
1. Is it hard for you to take blood glucose tests glucose	0	2	4
2. Is it hard for you to take insulin shots insulin	0	2	4
3. Is it hard for you to exercise exercise	0	2	4
4. Is it hard for you to keep track of carbohydrates or exchanges carbo	0	2	4
5. Is it hard for you to wear your id bracelet wearid	0	2	4
6. Is it hard for you to carry a fast-acting carbohydrate fastact	0	2	4
7. Is it hard for you to eat snacks snack	0	2	4

WORRY (problems with…)	Not at all	Some-times	A lot
1. Do you worry about "going low" wrgolow	0	2	4
2. Do you worry about whether or not your medical treatments are working treatment	0	2	4
3. Do you worry about having problems from diabetes complica	0	2	4

Think about how you have been doing for the last few weeks. Please listen carefully to each sentence and tell me how much of a problem this is for you.

After reading the item, gesture to the template. If the child hesitates or does not seem to understand how to answer, read the response options while pointing at the faces.

COMMUNICATION *(problems with…)*	Not at all	Some-times	A lot	
1. Is it hard for you to tell the doctors and nurses how you feel	0	2	4	telldoc
2. Is it hard for you to ask the doctors and nurses questions	0	2	4	askdoc
3. Is it hard for you to explain your illness to other people	0	2	4	explain

FOR STUDY USE ONLY

Date Completed
compldat
Month Day Year

Completed by
complby

Date Reviewed
revwdate
Month Day Year

Reviewer Code
revwby

Date Entered
enterdat
Month Day Year

Data Entry Code
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How much of a problem is this for you?

Not at all

Sometimes

A lot