(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 "_parent"

PARENT REPORT for **TODDLERS** (ages **2-4**)

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.

PedsQL 3.0 Parent (2-4) Diabetic
(05/01/02, Version 1, 11:06 AM)

Not to be reproduced without permission

*In the past **ONE month,** how much of a **problem** has your child 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. Arguing with me or my spouse about diabetes care argue	0	1	2	3	4
3. Getting embarrassed about having diabetes embarras	0	1	2	3	4
4. Sticking to the diabetes care plan stick	0	1	2	3	4

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

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