JDRF Artificial Pancreas Project Randomized Clinical Trial Glucose Monitoring Survey: Parent Form tblASurveyGM

Patient ID:			PtID		
Relation to Su	biect: Mother	Father	Other	QuestRel	

Please think about all of the tools your child now uses to know what his or her blood sugar (glucose) is. This could be one or more blood sugar meters and your child may also be using a continuous glucose monitor. Think of these tools together as your child's Glucose Monitoring System. We'd like to know how well this glucose monitoring system works for your child in his or her daily life.

We've listed below some parts of living with diabetes that might be made better or worse for your child by his or her glucose monitoring system. For each of these, please circle the option to the right that best tells how much of a problem it has been for your child during the **last month** and then circle the option that best tells how it has changed in the **past 6 months**.

		In the past month has this been a problem				How has it changed in the past 6 months?			
	A Lot	Some	Very Little	Not At All	Worse	Same	Better		
Worry or fear about high blood sugar ProbFearHBS ChgFearHBS	1	2	3	4	1	2	3		
2. Effort to keep high blood sugars from happening ProbEffortHBS ChgEffortHBS	1	2	3	4	1	2	3		
Worry or fear about low blood sugar ProbFearLBS ChgFearLBS	1	2	3	4	1	2	3		
4. Effort to keep low blood sugars from happening ProbEffortLBS ChgEffortLBS	1	2	3	4	1	2	3		
5. Worry or fear about low blood sugar during sleep ProbFearLBSSleep ChgFearLBSSleep	1	2	3	4	1	2	3		
6. Trouble sleeping well ProbTrbSleep ChgTrbSleep	1	2	3	4	1	2	3		
7. Hard to predict blood sugar readings ProbPredict ChgPredict	1	2	3	4	1	2	3		
8. Feeling different from others ProbFeelDif ChgFeelDif	1	2	3	4	1	2	3		

9. Amount of time spent thinking about diabetes ProbThink ChgThink	1	2	3	4	1	2	3
10. Not knowing how eating affects your blood sugar ProbNotKnowEat ChgNotKnowEat	1	2	3	4	1	2	3
11. Meal plan is too strict ProbMealPIn ChgMealPIn	1	2	3	4	1	2	3
12. Amount of time and care needed for diabetes by my family or me. ProbAmtTimeFam ChgAmtTimeFam	1	2	3	4	1	2	3
13. Worry or fear about long term health ProbFearLTH ChgFearLTH	1	2	3	4	1	2	3
14. Pain or discomfort from finger sticks or sensors ProbPainSens ChgPainSens	1	2	3	4	1	2	3
15. Pain or discomfort from insulin shots or pump sets ProbPainIns ChgPainIns	1	2	3	4	1	2	3
 Family arguments or worries about diabetes ProbFamArg ChgFamArg 	1	2	3	4	1	2	3
17. Handling work or school along with diabetes ProbWorkSch ChgWorkSch	1	2	3	4	1	2	3
18. Talking part in sports, exercise or playing ProbSportsExe ChgSportsExe	1	2	3	4	1	2	3
19. Knowing how much insulin to take ProbAmtIns ChgAmtIns	1	2	3	4	1	2	3
20. Keeping up with friends or peers who don't have diabetes ProbKeepUp ChgKeepUp	1	2	3	4	1	2	3

21	Reacting to all of the blood sugar results that I get ProbReactRes ChgReactRes	1	2	3	4	1	2	3
22	Dealing with others who ask about diabetes ProbDealOths ChgDealOths	1	2	3	4	1	2	3
23. In the past month, how many blood sugar checks (average per day) have been done using a meter? CMCkBloodSug								
24. In the past month, how many times has the meter or sensor been downloaded to look at the blood sugar results? CMDownload								