

Intro.
The following questions are to help your clinician identify areas of importance for you and your diabetes management. This survey will take approximately 10-15 minutes to complete and will help make your visit more beneficial to you.

IntroFirstName. First name:

Test

IntroLastName. Last name:

Test

IntroDOB. Date of birth (MM/DD/YYYY):

01/01/2025

IntroRaceEthnicity . Race/Ethnicity (Please select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☒ Some Other Race

Q66. Please select the one box that best indicates how satisfied or dissatisfied you CURRENTLY are with each item below. There is no right or wrong answer.

HOW SATISFIED OR DISSATISFIED ARE YOU WITH...

	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied Nor Dissatisfied	Somewhat Satisfied	Very Satisfied
Your family life	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friendships	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your school experience	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Yourself	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where you live	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your life overall	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q68. Instructions: How often have you been bothered by each of the following symptoms during the **past two weeks**?

	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, irritable, or hopeless	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep, or sleeping too much	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite, weight loss, or overeating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired, or having little energy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or feeling that you are a failure, or that you have left yourself or your family down	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things like school work, reading, or watching TV	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you were moving around a lot more than usual	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or of hurting yourself in some way	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17.
In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?

- ☐ Yes
- ☒ No

Q18.
If you are experiencing any of the problems on this form (questions above), how difficult have these problems made it for you to do your work/school, take care of things at home or get along with other people?

- ☒ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

Q19.

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

☐ Yes

☒ No

Q20.
Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes

☒ No

Q74. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q69. Instructions: Please read the following situations and rate how stressful it is; in other words, rate how upsetting, difficult, or how much of a problem each one is for you.

	Not at all	A little	Pretty much	Very much
My family keeping and eating foods at home that aren't healthy for me	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having an insulin reaction while I'm with my friends	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disagreements with my parents about taking my insulin on time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a high A1C	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about health problems that I might have when I'm older	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking of myself as a diabetic	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking with my friends about my diabetes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking that it's unfair that I got diabetes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the doctor for a check-up	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not being able to go on overnight trips or stay overnight at my friends' house because I have diabetes



Q70. Instructions: For each of the following parts of diabetes care, choose the answer that best describes how much your family has argued about each of the items during the **past month**.

	Never argue	Sometimes argue	Always argue
Remembering to check blood sugars	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving shots or boluses (pump)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals and snacks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results of blood sugar monitoring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q76. Instructions: For the following questions about diabetes, pick the option that best corresponds to how you have felt during the past week.

	Almost Never	Sometimes	Almost Always
I am upset when I have a high blood sugar	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated when I have a low blood sugar	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q77.
Instructions: It's hard for most kids with diabetes to do everything that their doctors and nurses want them to do all of the time. These next questions are about how you have usually taken care of your diabetes during the **past 3 months**. Please answer each question as truthfully as you can.

Q79.
Before you eat less than usual, do you make any insulin changes? What do you do?

- ☒ I give LESS insulin when I eat less
- ☐ I give MORE insulin when I eat less
- ☐ I do not adjust my insulin

Q81.
In the last three months, how often have you missed a bolus or shot because you forgot or were too busy, or failed to give your basal insulin because your pump was not working or inserted?

- ☒ I never forgot, I always take insulin
- ☐ I forgot once a month or less (1-3 times in the last 3 months)
- ☐ I forgot once a week or less
- ☐ I forgot more than once a week

Q81. Have you ever eaten so much food in a short period of time that you felt out of control and would be embarrassed if others saw you?

- ☒ No
- ☐ Yes

Q82. Are you afraid to start eating because you think you won't be able to stop?

- ☒ No
- ☐ Yes

Q85.
Do you do any of the following to lose weight?

	Yes	No
Throw up/vomit	<input type="radio"/>	<input checked="" type="radio"/>
Not take insulin	<input type="radio"/>	<input checked="" type="radio"/>
Take less insulin than I should	<input type="radio"/>	<input checked="" type="radio"/>
Skip meals	<input type="radio"/>	<input checked="" type="radio"/>
Diet	<input type="radio"/>	<input checked="" type="radio"/>

Q42.
Instructions: Please answer the following statements about your diabetes management and efforts to have good blood sugar control. Please indicate how true each statement is for you using the scale below.

	Not True At All - 1	2	3	Somewhat True - 4	5	6	Very True - 7
Overall, having good blood sugar control is very important to me, a priority in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I feel confident in being able to manage my diabetes so that my blood sugar is in good control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46. For today's visit, my primary concern is:

None

Embedded Data
Life Satisfaction: 1
PHQ-9: 0
GAD-7: 0
Diabetes Stress: 0
Diabetes Family Conflict: 0
Youth Blood Glucose Monitoring: 0
Self-Management: 0
Eating Disorders Behavior: 0
Motivation: 8
Suicide risk: 0

Scoring Results	
Diabetes Family Conflict - Child Version Score	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	4.00
Diabetes Self-Management Score	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	2.00
Diabetes Stress Questionnaire for Youth	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	10.00
Eating Disorder Behaviors	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	3.00
GAD	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	7.00

IMI for Diabetes Self-Care - Youth Report Score	
Mean Score:	8.00
Weighted Mean of Items:	4.00
Weighted Standard Deviation of Items:	0.00
Items:	2.00
MSLSS	
Mean Score:	6.00
Weighted Mean of Items:	1.00
Weighted Standard Deviation of Items:	0.00
Items:	6.00
PHQ-9 Adolescents Score	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	8.00
Primary Concern	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	0.00
SOL-Youth Eating Disorders Questionnaire Score	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	7.00
Suicidality	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	2.00
Youth BGMC Score	
Mean Score:	0.00
Weighted Mean of Items:	0.00
Weighted Standard Deviation of Items:	0.00
Items:	2.00

Location Data

Location: ([26.3432](#), [-80.2116](#))

Source: GeoIP Estimation

