

Diabetes Behaviour Checklist

Below is a list of behaviours parents of children with diabetes often have to manage. For each item: (1) circle the number that best describes how much of a problem that behaviour has been for your child, over the past **four (4) weeks**, and (2) then, using the scale provided, write down the number next to each item that best describes how confident you are that you can successfully deal with your child's behaviour, even if it is a behaviour that rarely occurs or does not concern you.

Rate your confidence from 1 (Certain I can't do it) to 10 (Certain I can do it).

	To what extent has this behaviour been a problem for you with your child?							How confident are you in dealing with it?
	Not at all	A little	Somewhat	Much	Very much			
1. Complains about checking blood sugar level	1	2	3	4	5	6	7	<input type="text"/>
2. Complains about having insulin injection/ insulin bolus	1	2	3	4	5	6	7	<input type="text"/>
3. Does not correctly follow steps for checking blood sugar level	1	2	3	4	5	6	7	<input type="text"/>
4. Complains about entering blood sugar levels into diary or insulin pump	1	2	3	4	5	6	7	<input type="text"/>
5. Refuses to go to the doctor/clinic	1	2	3	4	5	6	7	<input type="text"/>
6. Refuses to take blood sugar testing equipment to school	1	2	3	4	5	6	7	<input type="text"/>
7. Forgets to have food with them in case of low blood sugar	1	2	3	4	5	6	7	<input type="text"/>
8. Becomes anxious when having an episode of low blood sugar	1	2	3	4	5	6	7	<input type="text"/>
9. Refuses to have insulin injection / insulin bolus	1	2	3	4	5	6	7	<input type="text"/>
10. Refuses to go to school	1	2	3	4	5	6	7	<input type="text"/>
11. Refuses to participate in activities	1	2	3	4	5	6	7	<input type="text"/>
12. Complains about having diabetes	1	2	3	4	5	6	7	<input type="text"/>

13. Before doing exercise, complains about having to check blood sugar level or eat extra food	1	2	3	4	5	6	7	<input type="checkbox"/>
14. Whinges or whines about doing diabetes-related management	1	2	3	4	5	6	7	<input type="checkbox"/>
15. Yells about having insulin injection / having infusion pump set changed	1	2	3	4	5	6	7	<input type="checkbox"/>
16. Throws a tantrum about having an insulin injection / insulin bolus	1	2	3	4	5	6	7	<input type="checkbox"/>
17. Argues about checking blood sugar level	1	2	3	4	5	6	7	<input type="checkbox"/>
18. Fails to have insulin injection / insulin bolus on time	1	2	3	4	5	6	7	<input type="checkbox"/>
19. Fails to count carbohydrates (if part of their management plan)	1	2	3	4	5	6	7	<input type="checkbox"/>
20. Fails to follow eating plan	1	2	3	4	5	6	7	<input type="checkbox"/>
21. Behaves disruptively when having insulin injection / insulin bolus	1	2	3	4	5	6	7	<input type="checkbox"/>
22. Uses diabetes to avoid tasks or activities (e.g. sport, chores, school activities)	1	2	3	4	5	6	7	<input type="checkbox"/>
23. Forgets to check blood sugar level	1	2	3	4	5	6	7	<input type="checkbox"/>
24. Complains about doing exercise or physical activity	1	2	3	4	5	6	7	<input type="checkbox"/>

Does your child engage in any other behaviour related to diabetes or its management that you find difficult to deal with?

Please write these behaviours below.	To what extent has this behaviour been a problem for you with your child?							Rate your confidence
	Not at all	A little	Somewhat	Much	Very much	1 (Certain I can't do it) 10 (Certain I can do it).		
	1	2	3	4	5	6	7	<input type="checkbox"/>
	1	2	3	4	5	6	7	<input type="checkbox"/>
	1	2	3	4	5	6	7	<input type="checkbox"/>

	1	2	3	4	5	6	7	<input type="text"/>
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Do **you** find **yourself** engaging in behaviour related to diabetes or its management that you dislike e.g., nagging

Please write these behaviours below.	To what extent has this behaviour been a problem for you with your child?							Rate your confidence
	Not at all	A little	Somewhat	Much	Very much	1 (Certain I can't do it) 10 (Certain I can do it).		
	1	2	3	4	5	6	7	<input type="text"/>
	1	2	3	4	5	6	7	<input type="text"/>
	1	2	3	4	5	6	7	<input type="text"/>
	1	2	3	4	5	6	7	<input type="text"/>

Citation:

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