Appendix B

Adolescent Coping Scale

Students have a number of concerns or worries about things such as school, work, family, friends, the world and the like. Below is a list of ways in which people of your age cope with a wide variety of concerns or problems. Please indicate by marking the appropriate box, the things you do to deal with your concerns or worries. Work down the page and mark 1, 2, 3, 4 or 5 as you come to each statement. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which best describes how you feel.

For example if you **sometimes** cope with your concern by 'Talk to others to see what they would do if they had the problem' you would mark 3 as shown below:

	Doesn't apply or don't do it	Used very little	Used some-times	Used often	Used a great deal
1. Talk to others to see what they would do if they had the problem	1 ☐	2 ☐	3 ■	4 ☐	5 ☐

Adolescent Coping Scale

1	2	3	4	5
Doesn't apply or don't do it	Used very little	Used some-times	Used often	Used a great deal

1. Talk to others to see what they would do if they had the problem
2. Work at solving what's causing the problem
3. Keep up with work as required
4. Play sport
5. Let God take care of my worries
6. Ask for advice from a qualified person
7. Worry about my future
8. Make a good impression on others who matter to me
9. There is nothing I can do about the problem so I don't do anything
10. I just give up
11. Meet with friends
12. Cry or scream
13. Hope for the best
14. Ring up a close friend
15. Keep my feelings to myself
16. Ignore the problem
17. Talk to others and give each other support
18. Work at solving the problem to the best of my ability
19. Attend school regularly
20. Keep fit and healthy
21. Remember those who are worse off so my troubles don't seem so bad
22. Pray for help and guidance so that everything will be alright
23. Get professional help or counselling
24. Worry about my happiness
25. Work Hard
26. Find a way to relax: for example listen to music, read a book, play a musical instrument, watch television
27. Make myself feel better by taking alcohol, cigarettes or other drugs (not medication)
28. I get sick
29. Wish a miracle would happen
30. Avoid being with people
31. Seek encouragement from others
32. Consider other points of view and try to take them into account
33. Worry about my relationship with others
34. Go for a work-out at the gym
35. Look on the bright side of things and think of all that is good
36. Read a holy book
37. Worry about what is happening
38. Try to 'fit in' with my friends
39. Organise an action or petition regarding my concern
40. Get into a steady relationship
41. Hope that the problem will sort itself out
42. Criticise myself
43. Keep others from knowing what's worrying me
44. Think about what I am doing and why
45. Achieve well in what I'm doing
46. Go out and have a good time and forget about my troubles

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Name / ID: _____

1	2	3	4	5
Doesn't apply or don't do it	**Used very little**	**Used some-times**	**Used often**	**Used a great deal**

47. Try to have a cheerful outlook on life 1 2 3 4 5
48. Pray for God to look after me 1 2 3 4 5
49. Organise a group to deal with the concern 1 2 3 4 5
50. Improve my relationship with others 1 2 3 4 5
51. Realise that I make things difficult for myself 1 2 3 4 5
52. Go to meetings which look at the problem 1 2 3 4 5
53. Try to make close friends with a guy or girl 1 2 3 4 5
54. Daydream about how things will turn out well 1 2 3 4 5
55. I have no way of dealing with the situation 1 2 3 4 5
56. Blame myself 1 2 3 4 5
57. Don't let others know how I am feeling 1 2 3 4 5
58. Consciously 'block out' the problem 1 2 3 4 5
59. Talk to other people about my concern to help me sort it out 1 2 3 4 5
60. Work instead of going out 1 2 3 4 5
61. Ask a professional person for help 1 2 3 4 5
62. Be happy with the way things are 1 2 3 4 5
63. I suffer head aches or stomach aches 1 2 3 4 5
64. Worry about what will happen to me 1 2 3 4 5
65. Put the problem out of my mind 1 2 3 4 5
66. Do as my friends want 1 2 3 4 5
67. Join with people who have the same concern 1 2 3 4 5
68. Take my frustrations out on others 1 2 3 4 5
69. Imagine that things will work out well 1 2 3 4 5
70. See myself as being at fault 1 2 3 4 5
71. Get support from others such as parents or friends 1 2 3 4 5
72. Discuss the problem with qualified people 1 2 3 4 5
73. Worry about the future of the world 1 2 3 4 5
74. Make time for leisure activities 1 2 3 4 5
75. Change the amount I eat, drink or sleep 1 2 3 4 5
76. Shut myself off from the problem so that I can avoid it 1 2 3 4 5
77. Spend more time with boy/girl friend 1 2 3 4 5
78. Think of different ways of dealing with the problem 1 2 3 4 5
79. Find a way to let off steam; for example cry, scream, drink, take drugs 1 2 3 4 5
80. List any *other* things you do to cope with your concerns.

Self-Efficacy Scale

Please read the following questions. After each question, please circle the appropriate answer to show how much you believe you can or cannot do what is asked now.

1. Keep track of my own blood sugar levels

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

2. Prevent having insulin reactions (prevent having a hypo)

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

3. Talk to my doctor myself and ask for the things I need

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

4. Tell a friend I have diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

5. Figure out what foods to eat when I am away from home

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

6. Judge the amount of food I should eat before activities

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

7. Ask for help I need from other people when I feel sick

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

8. Argue with my doctor if I felt he/she were not being fair

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

9. Do things I have been told no to when I really want to do them

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

10. Take responsibility for getting my homework and chores done

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

11. Easily talk to a group of people at a party when I don't know them

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

12. Follow my doctor's orders for taking care of my diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

13. Figure out my own meals and snacks at home

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

14. Change my doctor if I don't like him/her

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

15. Know how to make my tests look better or worse than they are

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

16. Watch my own blood sugar levels

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

17. Tell my boyfriend or girlfriend I have diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

18. Sleep away from home on a class trip or a friend's house where no one knows I have diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

19. Avoid or get rid of dents, swelling or redness of my skin when administering my insulin

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

20. Get as much attention from others when my diabetes is under control as when it isn't

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

21. Be the one in charge of administering my insulin myself

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

22. Figure out how much insulin to give myself when I am sick in bed

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

23. Change the amount or time I get insulin when I get a lot of extra exercise

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

24. Avoid having ketones

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

25. Suggest to my parents changes in my insulin dose

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

26. Keep myself free of high blood sugar levels

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

27. Play sports that take a lot of energy

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

28. Feel able to stop a reaction (a hypo) when I am having one

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

29. Show my anger to a friend when he/she has done something to upset me

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

30. Regularly wear a medical alert tag/bracelet which says I have diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very Sure I can

31. Sneak food not on my diet without getting caught

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

32. Make a teacher see my point of view

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

33. Believe that I have the ability to have control over my diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

34. Prevent blindness and other complications from my diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

35. Run my life the same as I would if I didn't have diabetes

Very sure I can't

Sure I can't

Probably I can't

Probably I can

Sure I can

Very sure I can

DFRQ - Person

For each of the following parts of your diabetes care, tick the box for the answer that best describes the way you handle things at home. If you take responsibility or remind your parents to do things almost all the time, tick the YOU box. If you and your parent(s) share responsibility then tick the EQUAL box. If your parent(s) take responsibility and or reminds you to do things almost all the time tick the PARENT box.

	YOU	EQUAL	PARENT
Telling friends about diabetes			
Telling teachers about diabetes			
Explaining absences from school to teachers or other staff			
Adjusting insulin according to results of blood sugar tests			
Deciding what to eat at meals or snacks			
Remembering when blood sugar should be tested			
Remembering to take morning or evening injections			
Noticing differences in health, such as weight changes or signs of an infection			
Noticing the early signs of low blood sugar			
Deciding what should be eaten when family has meals out (restaurants, friends' homes)			
Checking expiration dates on medical supplies			
Carrying some sugar in case of a low blood sugar			
Remembering day of clinic appointment			
Rotating injection sites			

Giving insulin injections

Telling relatives about diabetes

Making appointments with dentists and doctors

Diabetes Family Conflict Scale (Revised)

Table 1—*Revised DFCS—Child Version*

During the **PAST MONTH**, I have argued with my parent(s) about...	Almost never	Sometimes	Almost always
*1. Remembering to give shots or to bolus (pump)**	①	②	③
*2. Taking more or less insulin depending on results**	①	②	③
*3. Remembering to check blood sugars**	①	②	③
4. Remembering clinic appointments**	①	②	③
*5. Giving shots or boluses (pump)**	①	②	③
6. Meals and snacks	①	②	③
*7. Results of blood sugar monitoring**	①	②	③
8. The early signs of low blood sugar*	①	②	③
9. What to eat when away from home	①	②	③
10. Making appointments with dentists and doctors**	①	②	③
11. Telling teachers about diabetes**	①	②	③
12. Telling friends about diabetes	①	②	③
13. Carrying sugar/carbs for reactions**	①	②	③
14. School absences**	①	②	③
15. Supplies	①	②	③
16. Telling relatives about diabetes**	①	②	③
*17. Rotating injection sites or infusion sets (pump)***	①	②	③
*18. Changes in health (like weight or infections)***	①	②	③
*19. Logging blood sugar results**	①	②	③

Factor 1 (direct management tasks) items are italicized; factor 2 (indirect management tasks) are not.
*Designates a revised item; **designates an added item.

Diabetes Family Behavior Checklist

Table I. Exploratory Factor Analysis of the DFBC Child Form (DFBC-C)

Item	Factor loadings 1	2
Factor 1: Non-supportive diabetes-specific parental behaviors		
Nag you about testing your blood (2)	**.70**	.13
Criticize you for not exercising regularly (4)	**.60**	.10
Nag you about not following your diet (6)	**.73**	.005
Argue with you about your diabetes self-care activities (7)	**.80**	−.004
Criticize you for not recording the results of blood tests (11)	**.75**	−.002
Let you sleep late rather than getting you up to take your insulin (14)	**.63**	.005
Eat foods that are not part of your diabetic diet (16)	**.60**	−.16
Factor 2: Supportive diabetes-specific parental behaviors		
Praise you for following your diet (1)	−.10	**.72**
Suggest things that might help you take insulin on time (3)	.17	**.50**
Help you decide if changes should be made based on blood testing results (5)	.13	**.50**
Encourage you to participate in sports activities (8)	.10	**.69**
Plan family activities so that they will fit in with your diabetes self-care schedule (9)	−.003	**.68**
Congratulate you for sticking to your diabetes self-care schedule (10)	−.15	**.80**
Eat at the same time that you do (12)	−.002	**.51**
Exercise with you (13)	−.13	**.40**
Buy you things containing sugar to carry with you in case of an insulin reaction (15)	.005	**.69**

Note. Factors with the highest loadings are indicated in bold. Numbers in parentheses indicate DFBC question number.