



## Demographics

How old are you?

Are you

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

How old is your child with Type 1 diabetes?

How long has your child had Type 1 diabetes?

What is your highest level of education?

- ☐ No schooling completed
- ☐ High school or less
- ☐ Vocational training
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional

☐  Other

Indicate the range of your total annual family income:

- ☐ Less than \$20,000
- ☐ \$20,000 - \$50,000
- ☐ \$50,000 - \$75,000
- ☐ \$75,000 - \$99,000
- ☐ More than \$99,000
- ☐  Other

What type of insurance does your child have?

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance (from an employer)
- ☐ Tri-Care

- ☐ No Insurance/Self-Pay
- ☐  Other
- ☐ I don't know

## COVID-19 Questions

Have you or anyone you know been diagnosed with COVID-19?

- ☐ Yes
- ☐ No

Have you spent any time seeking COVID-19 related health information online for someone else?

- ☐ Yes
- ☐ No

Have you lost your job due to COVID-19?

- ☐ Yes
- ☐ No

Have you experienced financial difficulty related to COVID-19?

- ☐ Yes
- ☐ No

Have you received any COVID-19 related health information that you did not try to find? (For example, by email, on social media, on TV, radio, other)?

- ☐ Yes
- ☐ No

For the following questions, please select the number that best corresponds to your views.

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
How much does COVID-19 affect your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does COVID-19 make you feel angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does COVID-19 make you feel scared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does COVID-19 make you feel upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does COVID-19 make you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does COVID-19 make you feel anxious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 – Much less than before	2 – Less than before	3 – The same	4 – More than before	5 – Much more than before
How would you compare your stress level during the COVID-19 pandemic to your stress level before the pandemic started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## General Self – Efficacy

For the next set of questions, please read each sentence and rate your level of confidence in managing various situations, problems, and events.

	1 - I am not at all confident	2 - I am a little confident	3 - I am somewhat confident	4 - I am quite confident	5 - I am very confident
I can manage to solve difficult problems if I try hard enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could deal efficiently with unexpected events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I am in trouble, I can think of a solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can handle whatever comes my way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Self-Efficacy for Managing Children with Type 1 Diabetes During COVID-19**



We would like to know how confident you are in doing certain activities during the COVID-19 pandemic. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time.

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
How confident are you that you can take care of your child with the added burden of social distancing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does emotional distress interfere with taking care of your child with diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
How much does emotional distress caused by COVID-19 interfere with the management of your child's diabetes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident do you feel that you can manage your child's diabetes at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Perceived Self-Efficacy Scale

We would like to know how confident you are in doing certain activities during the COVID-19 pandemic. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time.

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
How confident are you in your ability to make COVID-19 prevention choices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you in your ability to use your knowledge of COVID-19 in making travel choices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you in your ability to use your knowledge of COVID-19 in making everyday activity choices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Perceived Threat Scale

For the following questions, please select the number that

best corresponds to your views.

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
If your child was to develop flu like symptoms, would you be afraid your child has COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a threat to world health, how severe do you think COVID-19 is?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think your child is at increased risk of getting COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If your child were to get COVID-19, how sick would your child get?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
I believe my child is at risk for getting COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe we are all at risk for getting COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Information Receptivity Scale

For the following questions, please select the number that best corresponds to your views.

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
I actively search for information about the COVID-19 and type 1 diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I intend to search actively most every day for information about the COVID-19 and type 1 diabetes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I communicate a lot with other parents of children with type 1 diabetes about the COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Prevention Behavior Scale

For the following questions, please select the number that best corresponds to your views.

	1 - Not at all	2 - A little	3 - Somewhat	4 - Quite a bit	5 - Very much
It is important to me to do everything to avoid my child getting COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively seek information on how to prevent my child from getting COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am doing all that I can to prevent my child from getting COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have changed my child's routine to try to avoid getting COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Qualitative Questions

Please share your sources for information about COVID-19 and Type 1 Diabetes:

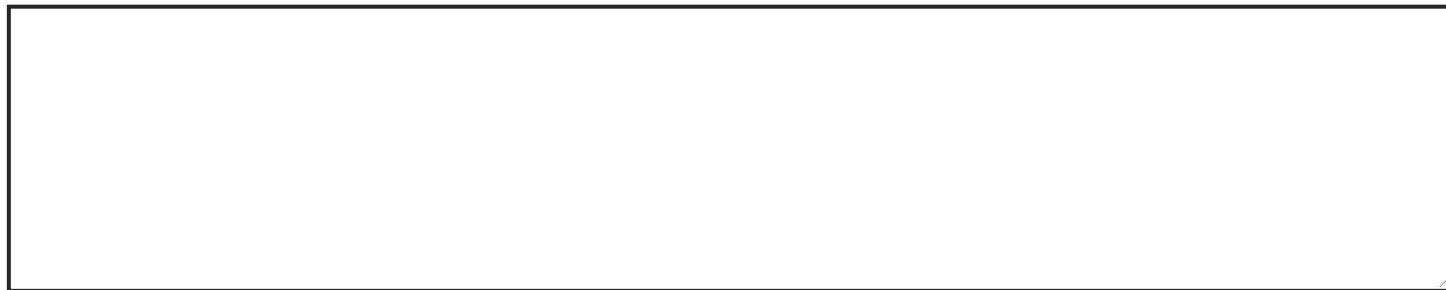


Do you feel these sources are reliable (yes/no)? Please provide an explanation below:



What are your worries about COVID-19 and Type 1 Diabetes?





Do you have someone to talk to about Type 1 diabetes and COVID-19? Who are they and how often do you talk with them?



What has been the most challenging part of the COVID-19 and your child's Type 1 diabetes?



How do you deal with the stress created by the COVID-19 pandemic?



Powered by Qualtrics