

Appendix 2.

Description of study questionnaires.

Parenting Stress Index Short Form (PSI-SF)

The Parenting Stress Index is designed for the early identification of parental or family characteristics that may compromise the child's normal development and functioning, detecting children with emotional and behavioral difficulties and parents at risk of dysfunctional parenting. The instrument is based on the assumption that parental stress results from a combination of characteristics of the child, of the parent, and of situational or demographic factors associated with the parenting role.

The Italian validation concerns only the short form (PSI-SF), which derives directly from the full version and represents a practical, concise tool for clinical use, easy to administer and interpret (15).

The PSI-SF assesses three main domains of stressors related to child characteristics, parental characteristics, and situational-demographic factors. The short form consists of 36 items divided into three subscales:

1. Parental Distress (12 items), assesses the parent's personal level of distress, reflecting feelings of competence/incompetence, perceived restrictions due to parenting demands, lack of social support, and personal psychological well-being;
2. Parent–Child Dysfunctional Interaction (12 items), evaluates the degree to which the parent perceives the child as not meeting expectations and whether interactions with the child are reinforcing or discouraging;
3. Difficult Child (12 items), measures stress attributed to the child's behavioral and temperamental characteristics, including perceived manageability, adaptability, and demandingness.

Patient Health Questionnaire (PHQ-9)

The PHQ-9 is a nine-item questionnaire developed as a depression screening tool for use in primary care (16). Each item corresponds to one of the symptoms of Criterion A for Major Depressive Disorder in the DSM-IV (17). Participants are asked how often they have been bothered by each depressive symptom over the past two weeks. Response options are “not at all,” “several days,” “more than half the days,” and “nearly every day,” scored 0, 1, 2, and 3 respectively. Total scores range from 0 to 27, with thresholds of ≥ 5 , ≥ 10 , and ≥ 15 indicating mild, moderate, and severe depressive symptom severity (18). The psychometric properties of the PHQ-9 are well established (19), and an Italian version of the questionnaire is available.

Generalized Anxiety Disorder Scale (GAD-7)

The GAD-7 is a self-administered questionnaire assessing generalized anxiety and consists of seven items (20). It evaluates how often, over the previous two weeks, the respondent has been bothered by symptoms such as feeling nervous or anxious, difficulty controlling worry, excessive worrying, trouble relaxing, restlessness, irritability, or fear that something awful might happen. Responses are scored 0 (“not at all”), 1 (“several days”), 2 (“more than half the days”), or 3 (“nearly every day”), yielding total scores from 0 to 21. Scores of 5, 10, and 15 represent cut-offs for mild, moderate, and severe anxiety. A score of ≥ 10 is recommended as a threshold for referral for further evaluation. The GAD-7 has been validated as both a screening and severity measure (20,21), in primary care settings (22), and in the general population (23). An Italian version is available.

Brief Pittsburgh Sleep Quality Index (B-PSQI)

The B-PSQI is the shortened 13-item version of the Pittsburgh Sleep Quality Index (24). It assesses sleep problems during the past month across five areas: sleep duration and efficiency, sleep latency, sleep disturbances, night-time awakenings, and daytime dysfunction. Each area is scored from 0 (best) to 3 (worst), and a global score (0–15) is generated by summing domain scores. A total score >4 indicates poor sleep quality. An Italian version of the PSQI is available, and the B-PSQI consists of a subset of its items.

Parental Self-Efficacy for the Management of Diabetes Mellitus (PSESDM)

The PSESDM was developed to measure parental self-efficacy in performing diabetes-related tasks for their young children (25). The eight-item questionnaire uses a 5-point Likert scale (1 = “Strongly disagree” to 5 = “Strongly agree”). Items 1, 2, 6, and 7 are reverse-scored. Total scores range from 8 to 40, with higher scores indicating greater parental confidence in managing their child’s diabetes. The Italian version of this instrument is available.

Coping Orientation to Problems Experienced (COPE)

The COPE questionnaire assesses parental adaptation and coping styles. The study used the new Italian version of the questionnaire (COPE-NVI) (26). The COPE-NVI includes 60 items covering five domains:

- Social support (seeking instrumental or emotional support from others; 12 items)
- Avoidance strategies (disengagement-oriented strategies, such as denial, behavioral withdrawal, or substance use; 16 items)
- Positive attitude (strategies aimed at managing emotional responses to stress e.g., positive reinterpretation, acceptance, seeking emotional support; 12 items)
- Problem orientation (active efforts to address or resolve the stressor e.g., planning, active coping; 12 items)
- Transcendent orientation (strategies that involve spirituality or attempts to derive meaning from the experience; 8 items)

Respondents rate how frequently they use each coping strategy when facing stressful or difficult situations, on a scale from 1 (“I usually don’t do this”) to 4 (“I almost always do this”). Scores for each domain are calculated by summing the corresponding item responses.