

## Module 11

We would like to know about your child's transition from pediatric to adult diabetes care.

1. As your child becomes an adult, they may not be covered by or allowed to keep the same health insurance they've been on as a child. Has anyone talked to you or your child about how to keep health insurance or get new health insurance as your child becomes an adult? [{discussAdultIns\\_qocs}](#)

Yes       No       Don't know

2. How often do your child's diabetes providers encourage your child to take responsibility for his/her health, such as taking medication, checking blood sugars, understanding their health, or following medical advice? [{encourageResp\\_QOCS}](#)

Never       Sometimes       Often       Always       Don't know

3. Which of the following best describes your child's current diabetes provider? [{curdiabprovider\\_qocs}](#)

He/she is a pediatric provider, who treats mainly children →

He/she treats patients of all ages, including children and adults →

**Have you or your child been thinking about your child moving on to an adult diabetes provider?** [{tcthinking}](#)

Yes       No       Don't know

**Has your child's diabetes providers talked with you about your child's health care needs as he/she becomes an adult?** [{talkAdultNeeds\\_qocs}](#)

Yes       No       Don't know

**Please go to module 12**

He/she is an adult provider who treats mainly adults →

Not sure how to describe my child's current diabetes provider →

**Has your child changed from a pediatric diabetes provider to an adult diabetes provider?** [{transcare}](#)

Yes. At what age did your child start receiving his or her care from an adult diabetes provider?? [{transcareage}](#)

Before age 15

15

16

17

Don't know

No, he/she started off with a provider who treats mainly adults →

**Please go to module 12**

Don't know →

**Please go to module 12**

4. Did your child's pediatric diabetes provider talk to you or your child about your child's health care needs as he/she becomes an adult? {adultcare}

1  Yes      2  No      3  Don't know

5. After your child last saw their pediatric diabetes provider, how long was it until your child saw an adult diabetes provider? {adultcaretime}

1  Less than 1 month      3  3 – 6 months      5  More than 12 months  
 2  1 – 2 months      4  7 – 12 months      6  Don't know

6. Since your child has changed to an adult diabetes provider, has he/she gone 3 months or longer without receiving:

|  | Yes                        | No                         | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|
| Any primary care that he/she needed {interruptprimarycare_splq}          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Any diabetes care that he/she needed {interruptdiabetescare_splq}        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Any medications that he/she needed {interruptmedications_splq}           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Any medical insurance coverage that he/she needed {interruptmedins_splq} | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

7. How satisfied were you with your child's transition from a pediatric to an adult diabetes provider? {tcstatis}

1  Very satisfied    2  Satisfied    3  Somewhat satisfied    4  Not satisfied    5  Don't know

8. When your child changed from a pediatric to adult diabetes provider, how much of a problem was each of the following for him/her?

|   | Not a problem              | Small problem              | Medium problem             | Major problem              | Don't know                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| We didn't have the name of an adult provider {tcprobname}                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| We didn't know how to contact the new adult provider {tcprobcontact}            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| We couldn't get an appointment with the new adult provider {tcprobappoint}      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| We weren't interested in learning about a new adult provider {tcproblearn}      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| We felt upset about leaving my pediatric provider {tcprobupset}                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| We didn't have health insurance {tcprobnoins}                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| My child's insurance plan was not accepted by the adult provider {tcprobaccins} | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |