

## Module 10

These questions are about time and financial costs related to your diabetes care in the past 12 months.

1. In the last 12 months, on average, about how much did you spend each month on your diabetes medicine and supplies? (This does not include costs that are covered or later reimbursed by your health insurance plan or the cost of your health insurance.)

{mesupamo\_heaq\_s4}

- <sub>1</sub> \$0 (none)
- <sub>2</sub> \$1 – \$19
- <sub>3</sub> \$20 – \$49
- <sub>4</sub> \$50 - \$99
- <sub>5</sub> \$100 - \$199
- <sub>6</sub> \$200 - \$500
- <sub>7</sub> More than \$500
- <sub>8</sub> Don't know
- <sub>9</sub> Prefer not to answer

2. How much of a problem is the cost of your health care for you (including paying for health insurance premiums and co-payments for doctor's office visits, medications, and medical supplies)? {Cost\_QOCS}

- <sub>1</sub> A big problem
- <sub>2</sub> A small problem
- <sub>3</sub> Not a problem
- <sub>4</sub> Don't know
- <sub>5</sub> Prefer not to answer

**3. Does your health insurance cover all or part of your costs for:**

**How much did you pay “out of pocket” in the last twelve months for each of the following?**

	Does not apply	Totally Covered by health plan	\$1 to \$19	\$20 to \$49	\$50 to \$99	\$100 to \$199	\$200 or more	Don't know	Prefer not to answer
Diabetes medications (including insulin) <a href="#">{outpocketdm}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Syringes, pens, and needles <a href="#">{outpocketneedle}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Glucose meter/test strips, lancets, related supplies <a href="#">{outpocketmeter}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Insulin pump and insulin pump supplies <a href="#">{outpocketpump}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Continuous glucose monitor/ sensors <a href="#">{outpocketmonitor}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Services (nutritionist visits, social work visits, counseling, diabetes education classes) <a href="#">{outpocketservice}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Laboratory tests <a href="#">{outpocketlab}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
Wireless transmittal/sentry devices <a href="#">{outpocketwireless}</a>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>

4. Has your diabetes provider ever recommended any treatment or services for you that you did not obtain for any reason? {notgettrt}

1  Yes →

**What kind of treatment or services were you unable to obtain?**

**For each, what was the reason?**

**(Check all that apply)**

	Couldn't afford it	Insurance company would not approve, cover or pay for it	Insurance plan not accepted	Problems getting to doctor's office	Different language	Couldn't get time off work or school	Didn't know where to go	I was refused services	Couldn't get child care or care for disabled or sick adult	Didn't have time or took too long	Other	Don't know	Prefer not to answer
{notrtpump} <input type="checkbox"/> Insulin pump	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtpumpsrn}
{notrtrmonitor} <input type="checkbox"/> Continuous glucose monitor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtrmonitorsrn}
{notrtrclass} <input type="checkbox"/> Diabetes class or education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtrclasssrn}
{notrtrinsulin} <input type="checkbox"/> New insulin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtrinsulinsrn}
{notrtrmeds} <input type="checkbox"/> New medication other than insulin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtrmedsrn}
{notrtrdiet} <input type="checkbox"/> Dietitian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtrdietsrn}
{notrtrcounsel} <input type="checkbox"/> Mental health/counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrtrcounselsrn}
{notrthroth} <input type="checkbox"/> Other (specify) {notrthrothsp}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/> {notrthrothsrn}
{notrtrna} <input type="checkbox"/> Does not apply													
{notrtrdk} <input type="checkbox"/> Don't know													
{notrtrpna} <input type="checkbox"/> Prefer not to answer													

2  No

3  Don't know

4  Prefer not to answer

5. In the last 12 months, because of cost, how much of a problem was it to get the care, tests, or treatment you or a doctor believed necessary for you? {problem\_qocs\_s4}

- A big problem       A small problem       Not a problem       Don't know       Prefer not to answer

6. In the last 12 months, have you missed any recommended insulin doses or medications due to cost? {missinsulin}

- Never       Sometimes       Often       Does not apply       Don't know       Prefer not to answer

7. In the last 12 months, have you missed any glucose or ketone testing due to the cost of test supplies or continuous glucose monitor (CGM or sensor) supplies? {misstest}

- Never       Sometimes       Often       Does not apply       Don't know       Prefer not to answer

8. In the last 12 months, have you had to make childcare arrangements for your child(ren) in order to attend a medical appointment for your diabetes? {childcare}

1  Yes →

<b>How many times did you need to do this in this last 12 months?</b> {childcarenum} <input type="text"/> <input type="text"/> # of times <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer		
↓ <b>On average, for how many hours did you require childcare so that you could attend a medical appointment for your diabetes?</b> {childcarehrs} <input type="text"/> <input type="text"/> # of hours <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer		

2  No

3  Don't know

4  Does not apply (I don't have children)

5  Prefer not to answer

9. In the last 12 months, have you (and/or partner, parent, other family members or friend) had to take time off from work or school to attend a medical appointment for your diabetes or because of a problem with your health? {offwork}

1  Yes →

<b>How many times in the last 12 months did you need to do this?</b> <input type="text"/> <input type="text"/> {offworknum} # of times <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer		
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2  No →

3  Don't know →

4  Prefer not to answer →

**Please go to Module 11**

10. On average, how many hours of school or work did you (and/or partner, parent, other family members or friend) miss for a typical medical appointment for your diabetes?

{offworkhrs}

# hours

{offworkhrsdk}

Don't know

{offworkhrspna}

Prefer not to answer

11. How much of a problem was it for you to take time off from work or school? {problemmisswork}

A big problem    A small problem    Not a problem    Don't know    Prefer not to answer