

Module 13

We would like to know a little more about the health care that your child has received in the last 12 months.

1. Which of the following types of diabetes information have you or your child received from your child's doctor's office or health care plan? (Check all that apply)

- Information about diabetes camp {infdmcam_heaq}
- Information about diabetes support groups {infdmsup_heaq}
- Written materials about diabetes such as pamphlets or newsletters {infdmpam_heaq}
- Videos or audio tapes {infdmvid_heaq}
- Reminder about upcoming appointments {apptremi_heaq}
- A copy or explanation of diabetes laboratory or test results {copylabr_heaq}
- Diabetes information or advice by telephone {infdmtel_heaq}
- Diabetes information or advice in person {infdminp_heaq}
- How to get diabetes information online {infdmnet_heaq}
- Information about diabetes research studies other than this study {infdmrea_heaq}
- None {infdmnone}
- Other (specify) {infdmoth} _____ {infdmotsp}
- Don't know {infdmdk}

2. Has your child's doctor or other health care provider talked to you or your child about the following:

	Yes	No	Don't know	Not applicable
What to do for low blood sugar {lowBloodSugar_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
What to do for high blood sugar {highBloodSugar_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Appropriate physical activity for your child {physicalActivity_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Dietary guidelines for diabetes {DietaryGuidelines_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
What a target blood sugar is for your child {targetBloodSugar_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How to adjust insulin or diabetes medication when your child is sick {adjustinsulinSick_qocs}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Psychological issues your child and your family may face around having diabetes {Psychological_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Who you can go to for general information about diabetes {generalInfo_QOCS}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diabetes and pregnancy {talkdmpreg}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Alcohol and diabetes {talkdmalc}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Tobacco use and diabetes {talkdmtobacco}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Driving and diabetes {talkdmdrive}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Changing from pediatric to adult care {talkdmtrans}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. About how many times in the last 12 months has a doctor or other health care provider checked your child's hemoglobin A1C? {a1c_qocs}

None Once Twice Three or more times Don't know

4. In the last 12 months, how often has your child's blood pressure been checked during visits to your child's doctor's office? {pressurechecked_qocs}

Every visit Most visits At least once Never Don't know

5. When was the last time your child had an eye exam where his/her pupils were dilated (drops in the eyes that make eyes temporarily sensitive to bright light) or diabetes eye pictures were done? {eyeexam_qocs}

In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

6. When was the last time your child had a urine test at the doctor's office to check his/her kidney function? {urinetest_qocs}

In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

7. When was the last time your child's doctor took a sample of your child's blood to test for cholesterol or the amount of fat in his/her blood? {cholesterol_qocs}

In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

8. When was the last time your child took off his/her shoes and socks in their doctor's office to have their feet examined? {lastfootexam_qocs}

In the past year More than 5 years ago
 1 – 2 years ago Never
 2 – 5 years ago Don't know

9. Has your child ever been referred to a specialist (eye, kidney, nerve/neurologist) for any issues related to his/her diabetes? [{specialistdm}](#)

Yes No Don't know

10. When talking with your child's health care providers in person, on the phone, or via email, how often do you feel they:

	Never	Sometimes	Often	Always	Don't know
Listen carefully to you? {listencarefully_qocs_s4}	<input type="checkbox"/>				
Explain things in a way you can understand? {explainthings_qocs_s4}	<input type="checkbox"/>				
Show respect for what you have to say? {showrespect_qocs_s4}	<input type="checkbox"/>				
Spend enough time with you? {spendenoughtime_qocs_s4}	<input type="checkbox"/>				

11. How often do your child's doctors or other health care providers make it easy for you to discuss your questions or concerns about your child's health care? [{makeiteasy_qocs_s4}](#)

Never Sometimes Often Always Don't know

12. How often do you have your questions answered by your child's doctors or other health care providers? [{howoftenanswered_qocs_s4}](#)

Never Sometimes Often Always Don't know

13. How often do you feel your child's doctor or health care provider gives you a full answer or explanation with all of the information you need? [{docexplain}](#)

Never Sometimes Often Always Don't know

14. When decisions are made about your child's health care, how often do your child's doctors or other health care providers:

	Never	Sometimes	Often	Always	Don't know
Offer you choices about your child's health care? {offerchoices_qocs_s4}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Discuss with you the good and bad things about each of the different choices for your child's health care? {discusschoices_qocs_s4}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Ask you to tell them what choices you prefer? {choiceprefer_qocs_s4}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Involve you or your child as much as you want? {involveyou_qocs_s4}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

15. How often do you have a hard time speaking with or understanding your child's doctors or other health care providers because you do not speak the same language? [{speakingwith_qocs_s4}](#)

1 Never 2 Sometimes 3 Often 4 Always 5 Don't know

16. An interpreter is someone who repeats or signs what one person says in a different language used by another person. In the last 12 months, did you need an interpreter to help you speak with your child's doctors or other health care providers? [{needInterpreter_qocs}](#)

1 Yes →

When you need an interpreter to help you speak with your child's doctors or other health care providers, how often do you use one? [{howoftengetone_qocs_s4}](#)

1 Never 2 Sometimes 3 Often 4 Always 5 Don't know

2 No

3 Don't know