

## General Questionnaire

*This booklet of questionnaires should be completed by a project researcher in an interview with a child/child and parent.*

### General Instructions to Interviewer

Before commencing with the interview, please ensure that the **Participant Identity Number** has been entered in the boxes below.

Subsequent processing of these questionnaires involves photocopying and the use of data scanning equipment. To ensure the smooth operation of the equipment, it would be appreciated if the following could be observed:

- Please complete the form using a **black** ballpoint pen.
- Please do not fold or crease the form.
- Please complete all the questions.
- Please enter your responses in the boxes/spaces provided, as instructed.
- Please use only a single line to delete mistakes and initial each such correction.

At the end of the interview please complete the remaining boxes below.

Thank you for your cooperation.

#### To be completed by the interviewer

Participant Identity Number:

Centre Name: \_\_\_\_\_

Which assessment is this? *Please cross **one** box only.*

Baseline Assessment

1<sup>st</sup> Follow-up

2<sup>nd</sup> Follow-up

Completed by (please print name): \_\_\_\_\_

Signed: \_\_\_\_\_

Interview date:  /  /   
d d m m y y y y

**Questionnaire 1 - Background Details**

To help with our study it would be helpful to take some background details about you or your child. These details allow us to compare groups in the study with the general population.

All data is confidential and stored in an anonymised form.

1.1 What type of accommodation do you normally live in?

Please cross **one** box.

- a Owner-occupied house / flat
- b Privately rented house / flat
- c House / flat rented from housing association / local authority
- d Other

1.2 How many adults live in your household?

1.3 How many children (under the age of 18) live there?

1.4 How many adults in your household have diabetes?

1.5 How many children (under the age of 18) in live in your household?

1.6 Approximately how many days in the last month (4 weeks) were you/your child off school due to diabetes?

**Questionnaire 2 – Diabetes Management**

For the purpose of this study it would be helpful to take some details about your (your child's ) diabetes management.

2.1 When was your (your child's) diabetes first diagnosed?   /

m m y y y y

2.2 What advice and/or treatment were you given when your (your child's) diabetes was first diagnosed?

Please cross **all boxes that apply**

- a None
- b Insulin
- c Tablets
- d Change diet
- e Exercise
- f Lose weight
- g Other

2.3 At the present time what method do you use for testing your (your child's) sugar level?

Please cross all boxes that apply

- a Blood or urine tests at the doctors office only
- b Blood glucose tests strips read by eye at home
- c Blood glucose tests strips read by meter at home
- d Urine glucose test strips at home
- e None

2.4 How often have you tested your (your child's) blood sugar level in the last month (4 weeks)?

Please cross one box only.

- a Never
- b Once a week or less
- c About 2-6 times a week
- d Once a day
- e Two or more times a day

2.5 Do you own a blood glucose meter?

If Yes, go to next question, if No go to question 2.7

Yes  No

2.6 What is the name and make of your meter?

Please specify

---



---

2.7 When did you (your child) first start insulin therapy?

		/				
m	m		y	y	y	y

2.8 How many times a day do you (your child) inject insulin?

Please cross one box only.

- a One or two times a day
- b Three or more times a day
- c Insulin pump

2.9 What kind of insulin do you (your child) currently use?

Please specify

---



---



---

2.10 Do you (your child) regularly take any other medication?

If Yes, please specify what kind and how often

Yes  No

---



---



---



---



---

2.11 Do you buy special diabetic food?

If **Yes**, go to next question, if **No** go to question 3.1

Yes  No

2.12 Approximately how much do you spend on diabetic food each month?

Please specify

£

**Questionnaire 3 – Health Service Utilisation**

**For the purpose of this study it would be helpful to take some details about health services, which you/your child use.**

3.1 What type of doctor looks after your (your child's) diabetes?

Please cross **one** box only.

- a General Practitioner
- b Diabetes specialist (hospital-based consultant or nurse)
- c Both (GP and diabetes specialist)
- d Other healthcare professional
- e None

3.2 Approximately how often do you visit a doctor for your (your child's) diabetes?

Please cross **one** box only.

- a Five or more times a year
- b Three to four times a year
- c One to two times a year
- d Once every one or two years
- e Never

3.3 Within the last 6 months how many times have you visited any of these health professionals?

Please enter **0** if question does not apply

- a Diabetes educator
- b Dietician
- c Podiatrist (foot specialist)
- d Ophthalmologist (eye specialist)
- e Nephrologist (kidney specialist)

3.4 With respect to your (your child's) diabetes within last 6 months:

Please enter **0** if question does not apply

---

- |   |   |                      |                      |
|---|---|----------------------|----------------------|
| a | How many times were you admitted to Hospital A&E?                 | <input type="text"/> | <input type="text"/> |
| b | How many times were you hospitalised for one night or longer?     | <input type="text"/> | <input type="text"/> |
| c | How many nights in total did you spend at a hospital?             | <input type="text"/> | <input type="text"/> |
| d | How many times have you had a diabetic coma?                      | <input type="text"/> | <input type="text"/> |
| e | How many times have you had an insulin shock?                     | <input type="text"/> | <input type="text"/> |
| f | How many times have you had haemodialysis?                        | <input type="text"/> | <input type="text"/> |
| g | How many times was your glycosylated haemoglobin (HbA1c) checked? | <input type="text"/> | <input type="text"/> |

**3.5** If you require urgent advice regarding your (your child's) diabetes, who do you contact?

Please cross all **boxes that apply**

- |   |                           |                          |
|---|---------------------------|--------------------------|
| a | GP Surgery                | <input type="checkbox"/> |
| b | Diabetes nurse specialist | <input type="checkbox"/> |
| c | Hospital A&E              | <input type="checkbox"/> |
| d | Diabetes clinic           | <input type="checkbox"/> |
| e | NHS direct                | <input type="checkbox"/> |
| f | Other                     | <input type="checkbox"/> |

**3.6** Where would you prefer your (your child's) diabetes care to take place?

Please **rank** using numbers **1 to 4** (where 1 is your first choice)

- |   |                 |                          |
|---|-----------------|--------------------------|
| a | GP surgery      | <input type="checkbox"/> |
| b | Diabetes clinic | <input type="checkbox"/> |
| c | Local hospital  | <input type="checkbox"/> |
| d | At home         | <input type="checkbox"/> |