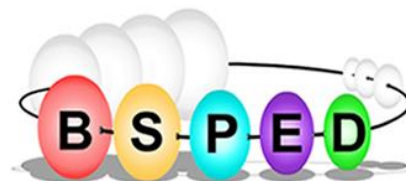


Early Care of Children with Type 1 Diabetes Mellitus



Diabetes



Parent/Carer Questionnaire

ABOUT THIS SURVEY

Who is taking part in the survey?

Many families of children who are newly-diagnosed with Type 1 diabetes are being asked these questions.

Why?

We are interested in your experiences up to the diagnosis of diabetes and, in particular, how the diagnosis was made and by whom.

Please put a tick in the box next to the answer that you agree with the most, or answer the simple questions. Please answer the Parts A and B and then hand it to the doctors or nurses for them to fill in the last part. You can answer some or all of the questions.

Don't worry if you make a mistake - just cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

Your participation in this survey is voluntary. If you choose not to take part in this survey, this will not affect the care you receive from the NHS in any way. If you do not wish to take part or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated in confidence.

Hospital Name

Part A – About your child and family

1. Age of your child with diabetes:

years months

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2. Male or female?

M F

3. Postcode: (This is not so that we can identify you, but look at the different areas of the country that children come from)

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4. Ethnic background of your child:

- White
Asian
Afro-carribean
Other (specify)

5. Does anyone else in the family have diabetes?

- Child's parent(s)?
Child's brother or sister?
Other (specify)

6. Who lives at home?

- You and child
You, your partner and child
How many brothers and sisters does your child have?
Other

7. Do **you** (parent) have any of these qualifications?

- GCSE's/O levels?
A levels?
Degree or other higher qualification
(please specify below)

.....
Part B – About the diagnosis of Diabetes in this child

8. How long had you been concerned about your child before they were diagnosed with diabetes?

9. How long had you been concerned about:
 increased thirst?
 passing urine more frequently?
 bedwetting?
 weight loss?
 tiredness?

If there were other concerns, please state what they were and how long they had them?

Concern	How long for?

10. Which health professional did you **first** consult about your child's symptoms?

- Your GP
- Out-of-hours GP
- Hospital doctor (specify)

-
- NHS Direct
 - Other
-

How long before admission?

11. What was the main concern that you mentioned to this person at that stage?

12. What made you choose this particular person to go to first?

13. What advice were you given when you consulted a health professional?

14. How many times did you contact or see a health professional before going to hospital?

15. Did you think that your child might have diabetes?

Yes No (please circle)

16. If so, did you discuss this with a health professional, and what response did you get?

17. What tests were done by your doctor/nurse/pharmacist before you went to hospital?

Do you have any other comments about the diagnosis of diabetes and how it was made?

**THANK YOU FOR ANSWERING THESE
QUESTIONS**

THE FOLLOWING SHOULD BE COMPLETED BY A MEMBER OF THE DIABETES TEAM ABOUT THE SAME CHILD – please hand it back to them

18. Date of referral to hospital:

D	M	Y

19. Time of referral to hospital:

.....

20. How was original referral made? (please tick)

- Letter requesting outpatient appointment
- Fax requesting outpatient appointment
- Fax requesting urgent ward review
- Telephone call to acute paediatric team (may include PAU)
- Telephone call to paediatric diabetes team
- Other (specify)

.....

21. Who made referral?

- GP
- Hospital doctor (specify)
-
- Parents/self referral
- Other (specify)

.....

22. What investigations were undertaken prior to referral?

- Fasting lab. blood glucose
- Non-fasting lab. glucose
- Capillary blood glucose
- Urine dipstix
- None
- Other (specify)

.....

23. Admission to PAU/ward from A & E:

Date:

Time:

24. At presentation, was the patient:

- Hyperglycaemic, not acidotic?
- DKA?

What was blood glucose at presentation?

.....
What was HbA1c at presentation?

.....
What was pH/bicarb at presentation (if done)?
.....

25. Did the patient receive IV insulin? Yes No

26. Referral to diabetes team:

Date:

Time:

Was this a weekend? Yes No

Not referred

27. First **subcutaneous** injection of insulin:

Date:

Time:

28. Patient reviewed by diabetes team:

Date:

Time:

Not reviewed

29. Which member of the diabetes team **first** reviewed the patient?

- Consultant
- Diabetes specialist nurse
- Registrar
- Dietitian
- More than one team member

Please return form to:

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