



Alltagsbelastungen der Mütter von Kindern mit Typ 1 Diabetes:
Auswirkungen auf Berufstätigkeit und Bedarf an
Unterstützungsleistungen im Alltag

Anonymous questionnaire for parents of children with type 1 diabetes

Dear Parents,

We know that caring for a child with type 1 diabetes requires a lot from parents on a day-to-day basis.

With this survey, we want to find out what consequences your child's type 1 diabetes has for you as parents and the whole family. We are particularly interested in if and how your occupation is compatible with caring for your child. We would also like to find out what is helpful for you and where things get stuck or difficult in everyday life.

We want to use your responses to highlight the efforts of parents of children with diabetes and the need for qualified support to policymakers and health care providers, and to develop offers of help.

Your participation is anonymous and completely voluntary. No data will be collected that could be used to identify you or your child. Your participation or non-participation has no influence on the diabetes treatment in your center.

If you would like more information about the survey, please do not hesitate to contact us. We would like to thank you in advance for your participation!

The following questions are about your child with diabetes and siblings.

When was your daughter/your son with diabetes been born? (please tick a box/specify)

daughter ☐ son ☐ year of birth: _____

What type of diabetes does your child have? (please tick a box/specify)

☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Other type of Diabetes _____

When was your child diagnosed with diabetes? (please specify)

Year: _____

What is the current treatment for diabetes? (please tick a box)

- ☐ Insulin syringe/Insulin pen
- ☐ Insulin pump
- ☐ Blood glucose measurements
- ☐ CGM (continuous glucose measurement with alert)
- ☐ FGM (Flash glucose measurement without alert)
- ☐ other treatments: _____

What was your child's last HbA1c value? (please specify)

_____, ____ %

Where does your child with diabetes mainly live? (please tick a box)

- ☐ together with both parents in one household
- ☐ with mother
- ☐ with father
- ☐ with other caregivers _____

If you have other children:

In which year were the siblings of the child with diabetes born? (please specify)

1. sibling: _____

2. sibling: _____

3. sibling: _____

4. sibling: _____

other siblings: _____

Does another child or children have a chronic disease? (please specify)

disease: _____ diagnosis at the age of _____ years

_____ diagnosis at the age of _____ years

The following questions are about you as a parent.

Who is completing this questionnaire? (please tick a box/specify)

☐ mother ☐ father ☐ other caregiver: _____

Where and in what year were you born? (please specify for both parents)

mother: country of birth _____ year of birth _____

father: country of birth _____ year of birth _____

Please select the highest level of education you have. Please indicate for both parents.

	mother	father
completion of 9th grade (lower secondary education degree)	<input type="radio"/>	<input type="radio"/>
completion of 10th grade	<input type="radio"/>	<input type="radio"/>
subject-specific technical high-school degree	<input type="radio"/>	<input type="radio"/>
highest high-school diploma (prep & comprehensive schools)	<input type="radio"/>	<input type="radio"/>
other education level (other degree)	<input type="radio"/>	<input type="radio"/>
finished school without graduation (no degree)	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>

**Please select the highest professional degree you have achieved to date.
Please indicate for both parents.**

	mother	father
apprenticeship or traineeship	<input type="radio"/>	<input type="radio"/>
technical university degree (Associate & Bachelor degree)	<input type="radio"/>	<input type="radio"/>
university degree (Master's degree)	<input type="radio"/>	<input type="radio"/>
other professional qualification	<input type="radio"/>	<input type="radio"/>
no professional qualification	<input type="radio"/>	<input type="radio"/>
still in training (apprenticeship, study)	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>

What was your employment status before your child's diabetes diagnosis? Please indicate for both parents.

	mother	father
full-time employment	<input type="radio"/>	<input type="radio"/>
part-time employment, hours per week (please indicate)
marginal employment (income up to 450€/month)	<input type="radio"/>	<input type="radio"/>
housewife/househusband	<input type="radio"/>	<input type="radio"/>
seeking work/unemployed	<input type="radio"/>	<input type="radio"/>
retirement	<input type="radio"/>	<input type="radio"/>
on parental leave	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>

What was your employment status in the first year after your child's diabetes diagnosis? Please indicate for both parents.

	mother	father
full-time employment	<input type="radio"/>	<input type="radio"/>
part-time employment, hours per week (please indicate)
marginal employment (income up to 450€/month)	<input type="radio"/>	<input type="radio"/>
housewife/househusband	<input type="radio"/>	<input type="radio"/>
seeking work/unemployed	<input type="radio"/>	<input type="radio"/>
retirement	<input type="radio"/>	<input type="radio"/>
on parental leave	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>

How has the diabetes diagnosis affected your occupation?

Please indicate for both parents. (Multiple answers are possible.)

	mother	father
giving up professional work	<input type="radio"/>	<input type="radio"/>
reducing professional work	<input type="radio"/>	<input type="radio"/>
change in career plans	<input type="radio"/>	<input type="radio"/>
discontinuation of training/studies	<input type="radio"/>	<input type="radio"/>
less/none participation in qualification courses	<input type="radio"/>	<input type="radio"/>
no change	<input type="radio"/>	<input type="radio"/>

something else, namely:

for mother:

for father:

How would you estimate your family's financial losses as a result of diabetes? (please tick an answer)

no losses	minimal losses	moderate losses	substantial losses	severe losses
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there is anything else you would like to tell us, we look forward to your suggestions and comments.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Done! Thank you for your cooperation!