

JDRF Artificial Pancreas Project Randomized Clinical Trial
HUI Survey- Parent Version
tblASurveyHUIP

Patient ID: _____ **PtID**

This questionnaire contains a set of questions which ask about various aspects of your child's health. When answering these questions please think about your child's health and their ability to do things on a day-to-day basis, during the past 4 weeks. To define the 4 week period, please think about what the date was 4 weeks ago and recall the major events that your child has experienced during this period. Please focus your answers on your child's abilities, disabilities and how they have felt during the past 4 weeks.

You may feel that some of these questions do not apply to your child, but it is important that we ask the same questions of everyone. Also, a few questions are similar; please excuse the apparent overlap and answer each question independently.

Please read each question and consider your answers carefully. For each question, please select one answer that best describes your child's level of ability or disability during the past 4 weeks.

All information you provide is confidential. There are no right or wrong answers; what we want is your opinion about your child's abilities and feelings.

Primary caregiver:

EduCareGvrP

- ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle
☐ Older Sibling ☐ Other

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1. Which one of the following best describes your child's ability, during the past 4 weeks, to see well enough to read ordinary newsprint?
ReadNewsP
 - ☐ Able to see well enough without glasses or contact lenses.
 - ☐ Able to see well enough with glasses or contact lenses.
 - ☐ Unable to see well enough even with glasses or contact lenses.
 - ☐ Unable to see at all.
 2. Which one of the following best describes your child's ability, during the past 4 weeks, to see well enough to recognize a friend on the other side of the street?
SeeFriendStP
 - ☐ Able to see well enough without glasses or contact lenses.
 - ☐ Able to see well enough with glasses or contact lenses.
 - ☐ Unable to see well enough even with glasses or contact lenses.
 - ☐ Unable to see at all.
 3. Which one of the following best describes your child's ability, during the past 4 weeks, to hear what was said in a group conversation with at least three other people?

HearGrpConvP

- ☐ Able to hear what was said without a hearing aid.
- ☐ Able to hear what was said with a hearing aid.
- ☐ Unable to hear what was said even with a hearing aid.
- ☐ Unable to hear what was said, but did not wear a hearing aid.
- ☐ Unable to hear at all.

4. Which one of the following best describes your child's ability, during the past 4 weeks, to hear what was said in a conversation with one other person in a quiet room?

HearConvQuietP

- ☐ Able to hear what was said without a hearing aid.
- ☐ Able to hear what was said with a hearing aid.
- ☐ Unable to hear what was said even with a hearing aid.
- ☐ Unable to hear what was said, but did not wear a hearing aid.
- ☐ Unable to hear at all.

5. Which one of the following best describes your child's ability, during the past 4 weeks, to be understood when speaking his or her own language with people who do not know your child?

BeUnderNotKnowP

- ☐ Able to be understood completely.
- ☐ Able to be understood partially.
- ☐ Unable to be understood.
- ☐ Unable to speak at all.

6. Which one of the following best describes your child's ability, during the past 4 weeks, to be understood when speaking with people who know your child well?

BeUnderKnowP

- ☐ Able to be understood completely.
- ☐ Able to be understood partially.
- ☐ Unable to be understood.
- ☐ Unable to speak at all.

7. Which one of the following best describes how your child has been feeling during the past 4 weeks?

FeelingAP

- ☐ Happy and interested in life.
- ☐ Somewhat happy.
- ☐ Somewhat unhappy.

- ☐ Very unhappy.
- ☐ So unhappy that life was not worthwhile.

8. Which one of the following best describes the pain and discomfort your child has experienced during the past 4 weeks?

[PainDiscAP](#)

- ☐ Free of pain and discomfort.
- ☐ Mild to moderate pain or discomfort that prevented no activities.
- ☐ Moderate pain or discomfort that prevented some activities.
- ☐ Moderate to severe pain or discomfort that prevented some activities.
- ☐ Severe pain or discomfort that prevented most activities.

9. Which one of the following best describes your child's ability, during the past 4 weeks, to walk? Note: Walking equipment refers to mechanical supports such as braces, a cane, crutches or a walker.

[AbilityWalkP](#)

- ☐ Able to walk around the neighborhood without difficulty, and without walking equipment.
- ☐ Able to walk around the neighborhood with difficulty; but did not require walking equipment or the help of another person.
- ☐ Able to walk around the neighborhood with walking equipment, but without the help of another person.
- ☐ Able to walk only short distances with walking equipment, and required a wheelchair to get around the neighborhood.
- ☐ Unable to walk alone, even with walking equipment. Able to walk short distances with the help of another person, and required a wheelchair to get around the neighborhood.
- ☐ Unable to walk at all.

10. Which one of the following best describes your child's ability, during the past 4 weeks, to use his or her hands and fingers? Note: Special tools refers to hooks for buttoning clothes, gripping devices for opening jars or lifting small items, and other devices to compensate for limitations of hands or fingers.

[AbilityUseHandsP](#)

- ☐ Full use of two hands and ten fingers.
- ☐ Limitations in the use of hands or fingers, but did not require special tools or the help of another person.
- ☐ Limitations in the use of hands or fingers, independent with use of special tools (did not require the help of another person).

- ☐ Limitations in the use of hands or fingers, required the help of another person for some tasks (not independent even with use of special tools).
- ☐ Limitations in the use of hands or fingers, required the help of another person for most tasks (not independent even with use of special tools).
- ☐ Limitations in the use of hands or fingers, required the help of another person for all tasks (not independent even with use of special tools).

11. Which one of the following best describes your child's ability, during the past 4 weeks, to remember things?

[AbilityRemP](#)

- ☐ Able to remember most things.
- ☐ Somewhat forgetful.
- ☐ Very forgetful.
- ☐ Unable to remember anything at all.

12. Which one of the following best describes your child's ability, during the past 4 weeks, to think and solve day to day problems?

[AbilityThinkP](#)

- ☐ Able to think clearly and solve day to day problems.
- ☐ Had a little difficulty when trying to think and solve day to day problems.
- ☐ Had some difficulty when trying to think and solve day to day problems.
- ☐ Had great difficulty when trying to think and solve day to day problems.
- ☐ Unable to think or solve day to day problems.

13. Which one of the following best describes your child's ability, during the past 4 weeks, to perform basic activities?

[AbilityBasicActP](#)

- ☐ Eat, bathe, dress and use the toilet normally.
- ☐ Eat, bathe, dress or use the toilet independently with difficulty.
- ☐ Required mechanical equipment to eat, bathe, dress or use the toilet independently.
- ☐ Required the help of another person to eat, bathe, dress or use the toilet.

14. Which one of the following best describes how your child has been feeling during the past 4 weeks?

[FeelingBP](#)

- ☐ Generally happy and free from worry.
- ☐ Occasionally fretful, angry, irritable, anxious or depressed.
- ☐ Often fretful, angry, irritable, anxious or depressed.
- ☐ Almost always fretful, angry, irritable, anxious or depressed.

- ☐ Extremely fretful, angry, irritable, anxious or depressed; to the point of needing professional help.

15. Which one of the following best describes the pain or discomfort your child has experienced during the past 4 weeks?

PainDiscBP

- ☐ Free of pain and discomfort.
- ☐ Occasional pain or discomfort. Discomfort relieved by non-prescription drugs or self-control activity without disruption of normal activities.
- ☐ Frequent pain or discomfort. Discomfort relieved by oral medicines with occasional disruption of normal activities.
- ☐ Frequent pain or discomfort; frequent disruption of normal activities. Discomfort required prescription narcotics for relief.
- ☐ Severe pain or discomfort. Pain not relieved by drugs and constantly disrupted normal activities.

16. Overall, how would you rate your child's health during the past 4 weeks?

OverallHealthP

- ☐ Excellent.
- ☐ Very good.
- ☐ Good.
- ☐ Fair.
- ☐ Poor.