

# Self-assessment of Worries, Concerns, and Burdens Related to Diabetes and Preparation for Transitioning



Consider the following statements and note how important it would be to discuss the item with your healthcare team as you are moving on from pediatric to adult diabetes care.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## Challenged by Diabetes Burdens

	YES	MAYBE	NO
1. I feel confused about managing my diabetes on my current regimen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am not sure how to keep my blood sugars in range.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diabetes keeps me from doing many things that I want to do in life now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel "burned out" from trying to control my blood sugars all the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Social/Emotional/Cognitive Issues

5. I have trouble paying attention in class or at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I seem to forget things more than most of my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I struggle to keep up with my class work or job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Organizing my life every day is a challenge for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I do not get along well with classmates and/or co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am not able to do things that others my age can do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I often feel sad or 'blue'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I worry about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Transition Preparation and Readiness to Move On

13. I know how each of my insulins work and what to do if things don't seem to be going right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can refill a prescription by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I can make a doctor's appointment by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I know what to do with my diabetes management if I get sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I know what my insurance covers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can get myself to my diabetes appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have contacted diabetes organizations in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If I need to see a specialist, I know how to find one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## I would like to talk about these issues

Here are other topics I would like to discuss today:

Here are other topics I would like to discuss in the future:

IN COOPERATION WITH

