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

ENDOCRINE SOCIETY

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.	☐	☐	☐
2. I am not sure how to keep my blood sugars in range.	☐	☐	☐
3. Diabetes keeps me from doing many things that I want to do in life now.	☐	☐	☐
4. I feel "burned out" from trying to control my blood sugars all the time.	☐	☐	☐

Social/Emotional/Cognitive Issues

	YES	MAYBE	NO
5. I have trouble paying attention in class or at work.	☐	☐	☐
6. I seem to forget things more than most of my friends.	☐	☐	☐
7. I struggle to keep up with my class work or job responsibilities.	☐	☐	☐
8. Organizing my life every day is a challenge for me.	☐	☐	☐
9. I do not get along well with classmates and/or co-workers.	☐	☐	☐
10. I am not able to do things that others my age can do.	☐	☐	☐
11. I often feel sad or 'blue'.	☐	☐	☐
12. I worry about my future.	☐	☐	☐

Transition Preparation and Readiness to Move On

	YES	MAYBE	NO
13. I know how each of my insulins work and what to do if things don't seem to be going right.	☐	☐	☐
14. I can refill a prescription by myself.	☐	☐	☐
15. I can make a doctor's appointment by myself.	☐	☐	☐
16. I know what to do with my diabetes management if I get sick.	☐	☐	☐
17. I know what my insurance covers.	☐	☐	☐
18. I can get myself to my diabetes appointments.	☐	☐	☐
19. I have contacted diabetes organizations in my community.	☐	☐	☐
20. If I need to see a specialist, I know how to find one.	☐	☐	☐

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:

_____