

The Paediatric Diabetes Service aims to support you as you grow up and gradually help you develop the confidence and skills to take charge of your own healthcare.

Please complete this checklist before you see your diabetes team today in clinic, as this will support you to explore your knowledge and skills. It will also help your diabetes team to learn what advice and support they need to offer you in order to help you better.

Name:..... **Date:**

Knowledge and Skills	Yes I can do this and don't need any extra advice	I would like some extra advice/help with this	Comments
Knowledge			
I am confident in my knowledge about my diabetes and its treatment.			
I understand what is likely to happen with my diabetes when I am an adult.			
I look after my own insulin and store it correctly.			
I can dose adjust confidently when recognising patterns with my Blood Glucose (BG).			
I understand 'Sick Day Rules'. I know when to take additional insulin and when to get professional health care support.			
I order and collect my repeat prescriptions and book my own appointments			
I call my nurse/the hospital myself if there is a query about my diabetes and/or insulin therapy			

Go!

My transition plan



Knowledge and Skills	Yes I can do this and don't need any extra advice	I would like some extra advice/help with this	Comments
Health & lifestyle			
I am able to measure and interpret my BG levels, including preventing, recognising causes and treating of high and low levels			
I am able to manage my own insulin doses and injections - understanding site rotation & reasons for maintaining healthy sites			
I usually sleep well			
I can Carbohydrate count confidently			
I exercise regularly/have an active lifestyle and adjust food/insulin to maintain my health			
I understand the effect of smoking, drugs or alcohol on my diabetes and general health			
I know where and how I can access providers of reliable accurate information about sexual health/relationships			
I understand the implications of my diabetes and insulin therapy on pregnancy/parenting (if applicable)			

Go!

My transition plan



Knowledge and Skills	Yes I can do this and don't need any extra advice	I would like some extra advice/help with this	Comments
Daily living			
I am responsible for a particular household chore(s) at home			
I can or am learning to drive and understand the requirements of the DVLA in relation to my diabetes			
I know how to plan ahead for being away from home, overseas, trips e.g. storage of insulin			
Self advocacy (Speaking up for yourself)			
I am confident to be seen on my own in clinic/at appointments.			
I understand my rights and responsibilities to privacy, decision-making, consent and confidentiality.			
School/career/your future			
I have had work/volunteering experience			
I understand my eligibility for benefits (if applicable)			
I have a Career Plan (please specify)			
I am aware of the potential impact (if any) of my diabetes on my future career plans			
I know how and what to tell a potential employer about my diabetes (if applicable)			

Go!

My transition plan



Knowledge and Skills	Yes I can do this and don't need any extra advice	I would like some extra advice/help with this	Comments
Leisure			
I can use public transport and access my local community independently, e.g. shops, leisure centre, cinema			
I see my friends and take part in leisure activities independently			
Managing your emotions			
I know how to deal with unwelcome comments/bullying			
I know where I can get more information and support if I need help to deal with my emotions and mental wellbeing			
I know someone I can talk to when I feel sad/fed-up			
I am comfortable with the way I look to others			
I know how to cope with emotions such as anger or anxiety			
Transfer to adult care			
I understand the meaning of 'transition' and transfer of information about me			
I know the plan for my diabetes care when I am an adult			
I know and how I can have an orientation visit to the service/hospital I will transfer to for my adult care.			

