

Adolescent Clinic

15+ Negotiated Care Consultation. T1DM

Name		Date	
Insulin Regimen (please tick)	<input type="radio"/> Insulin given twice a day at breakfast and dinner <input type="radio"/> Insulin given three times a day at breakfast, dinner and bedtime <input type="radio"/> Basal bolus giving insulin four or more times a day		

Please circle your answer to the following questions

1. Do you feel your current insulin regimen suits your daily lifestyle?

No, definitely not	No, not really	Yes, sort of	Yes, Definitely
1	2	3	4

2. To obtain stable blood glucose levels on any type of regimen blood glucose tests need to be undertaken at least 4 times a day. Is this a priority for you?

No, definitely not	No, not really	Yes, sort of	Yes, Definitely
1	2	3	4

If no, why is this?

3. To obtain stable blood glucose levels on twice or three times a day insulin regimens, consistent amounts of carbohydrate food need to be eaten at set times day to day. Is this a priority for you?

Not applicable	No, not really	Yes, sort of	Yes, Definitely
1	2	3	4

If no, why is this?

4. To obtain stable blood glucose levels on a basal bolus regimen amounts if insulin given for carbohydrate needs to be calculated using “carbohydrate counting”. Is this a priority for you?

Not applicable	No, not really	Yes, sort of	Yes, Definitely
1	2	3	4

If no, why is this?

5. Do you feel like you have the confidence to be able to tell the Diabetes Doctor or Diabetes Nurse that you want to make changes with your diabetes treatment regimen?

No, Definitely not	No, not really	Yes, sort of	Yes, Definitely
1	2	3	4

If no, why is this?

6. Which of the following aspects of daily life do you find your diabetes makes difficult?

<input type="radio"/> Relationships with brothers and/or sisters	<input type="radio"/> Relationships with parents/carers
<input type="radio"/> Relationships with friends	<input type="radio"/> Relationships with boyfriends/girlfriends
<input type="radio"/> School Performance	<input type="radio"/> Sport Performance
<input type="radio"/> Social Activities	<input type="radio"/> Food and eating
<input type="radio"/> Body Image	<input type="radio"/> Other

Thank you for taking the time to complete this survey.

The information provided will be discussed and help us work together with you to better meet your needs throughout the transition period.

*Rosalie Hornung
Diabetes Nurse Specialist
Adolescent Transition Service Coordinator*