

#Adulthood with T1D

TRANSITION READINESS ASSESSMENT IN DIABETES (TRAID)

UCSF BENIOFF CHILDREN'S HOSPITALS DIABETES CLINICS

Birthdate: ___/___/___ (mm/dd/yyyy) Today's Date: ___/___/___

Diabirthday: ___/___/___ Preferred Name & Pronouns: _____

We're here for you along your diabetes journey. We know every teen is unique, and our goal is to support your individual needs to help you learn, grow, and enjoy an independent life with diabetes.

Thank you for filling out this survey honestly so your medical team can provide you with services tailored to your needs at your own pace. Please let us know if you have any questions!

Diabetes 101

I am confident in my ability to do the following on my own most of the time:

- | | |
|--|--|
| <input type="checkbox"/> Explain diabetes to a friend | <input type="checkbox"/> Recognize and treat my lows |
| <input type="checkbox"/> Check my blood glucose or use a CGM | <input type="checkbox"/> Carry low supplies |
| <input type="checkbox"/> Explain why the body needs insulin | <input type="checkbox"/> Carry emergency diabetes supplies |
| <input type="checkbox"/> Explain what insulin I take | <input type="checkbox"/> Count and estimate carbohydrates |
| <input type="checkbox"/> Describe what to do if I run out of insulin | <input type="checkbox"/> Determine how much insulin to take |
| <input type="checkbox"/> Explain how to use glucagon/Baqsimi | <input type="checkbox"/> Describe what ketones are and how to prevent them |
| <input type="checkbox"/> Wear a medical ID | <input type="checkbox"/> Know my Hemoglobin A1c level and its meaning |
| <input type="checkbox"/> Give my own injections/ change my own sites | <input type="checkbox"/> Change the settings of my diabetes devices |

YOU'LL LEARN IT ALL, ONE DROP AT A TIME!



SO IF THEY DON'T USE BLOOD TO CHECK, WHAT DO THEY PUT ON YOU?



YOU DON'T WANT TO KNOW.



Continued Learning

I am confident in my ability to do the following on my own most of the time:

- Check my blood sugar before driving
- Plan and prepare my own meals
- Follow my care plan when I am sick
- Pack extra supplies for traveling
- Know how to practice safe sex
- Tell people who need to know that I have diabetes

Describe how diabetes may impact the following:

- Sexual health Family planning Eye health Kidney health Cardiovascular health Foot health

Describe how the following may impact diabetes:

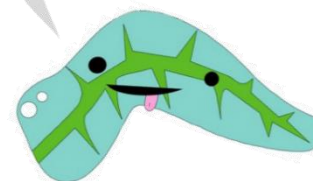
- Exercise Alcohol Drugs Smoking
 I have a safety plan in place in case of emergencies

Support

Check if you agree:

- My friends know I have diabetes
- People around me help me with my diabetes if I need it
- I have emotional support available to me as needed (family, friends, online community, religious services, social worker, support group, therapist, etc)
- I know about diabetes distress
- My strategies that can help me if I feel stressed or burned out about diabetes include:

I DON'T BELIEVE
IN YOUR PANCREAS...
BUT I BELIEVE
IN YOU!



Something I am proud of since my last appointment: _____

Something I'd like to talk about today or work on before my next appointment: _____

Why I put in the effort I do to care for my diabetes: _____

Generally speaking, I feel like an adult helps me with my diabetes _____

- Basically Never A little Sometimes Often Very often Basically Always

Navigating Healthcare

I feel confident in my ability to do the following on my own most of the time:

- | | |
|--|---|
| <input type="checkbox"/> Arrive to my medical appointments on time | <input type="checkbox"/> Openly ask questions to my medical team |
| <input type="checkbox"/> Attend part or all of my appointments by myself | <input type="checkbox"/> Schedule my own appointments |
| <input type="checkbox"/> Describe how confidentiality changes when I turn 18 | <input type="checkbox"/> How to refill/receive my prescriptions |
| <input type="checkbox"/> Contact school or employer for diabetes accommodations | <input type="checkbox"/> Use MyChart to contact the diabetes team |
| <input type="checkbox"/> Locate important documents (SS Card, birth certificate) | <input type="checkbox"/> Know my insurance provider information |
| <input type="checkbox"/> Determine my own advanced healthcare directive choices | <input type="checkbox"/> Understand how to transfer to adult care |

In the next year, I have plans to...

- Get insured independently Move out of my current home Start to work Go to college
 Transfer my care to an adult diabetes provider Transfer my primary care to an adult provider

If leaving for college, I have a plan to discuss my diabetes and accommodations with the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Student Health Services | <input type="checkbox"/> Disability Resource Center | <input type="checkbox"/> Academic Advisor |
| <input type="checkbox"/> Roommate | <input type="checkbox"/> Resident Assistant | <input type="checkbox"/> Professors |

Today I'd also like information about:

- | | | |
|--|--|--|
| <input type="checkbox"/> Connecting with others with T1D | <input type="checkbox"/> Diabetes swag | <input type="checkbox"/> Diabetes camp |
| <input type="checkbox"/> T1D Research Studies | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Lifestyle tips for healthy weight |
| <input type="checkbox"/> New diabetes tech/Apps | <input type="checkbox"/> Free medical ID | <input type="checkbox"/> Other _____ |



To learn more about Madison Pediatric Diabetes Clinic, please call us at 415-514-6234 or visit us online at <https://madisonclinic.ucsf.edu/clinic-programs/transition-program>