



Queensland  
Government

## Diabetes Psychosocial Assessment (Phase One)

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Date: ..... / ..... / .....

**Do you have any concerns or questions that you would like addressed today?**

1. ....
2. ....

### Checklist:

- ☐ Young person is 12 years of age (dependent upon developmental age)
- ☐ Parents continuing to mostly attend reviews with the young person and their clinician
- ☐ Confidentiality explained to young person and strictly adhered to (as appropriate)

### Problem Areas in Diabetes – Child Version (PAID-C)

**Instructions:** Living with diabetes can sometimes be hard. Sometimes it might get annoying. Sometimes it can be a little annoying and sometimes it can get pretty frustrating. We have a list of things that can sometimes bother people about their diabetes. Think about how much each of the items below may have upset or bothered you **DURING THE PAST MONTH** and tick (✓) the appropriate number.

Please note that we are asking you how much each item may be bothering you in your life. If something is not a bother or a problem for you, you would tick "1". If it is a very big bother, you would tick "6".

During the past month I have been...	Not a problem		Medium problem		Big problem	
1. Feeling sad when I think about having diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. Feeling stressed-out by what I have to do every day for my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Feeling angry when I think about having diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. Feeling sick and tired of always trying to take care of my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Feeling that my friends or family keep nagging me about food or about checking blood sugars.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Feeling like my parents don't trust me to care for my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. Feeling I must be perfect in caring for my diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. Feeling that my blood sugars keep going up and down, no matter how hard I try.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9. Feeling like my parents blame me for blood sugar numbers they don't like.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. Feeling that my friends or family don't understand how hard it is to live with diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Feeling like my parents worry about bad things happening to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 11/2020

WINC Code:



SW1066

DIABETES PSYCHOSOCIAL ASSESSMENT (PHASE ONE)



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### Child Psycho-education Provided for Anxiety and Depressive Symptoms

<b>Anxiety</b>	<p>Worries are unpleasant thoughts that you can't get out of your head. They're like annoying bugs that keep buzzing around and won't leave you alone. It's normal to have worries – everyone has them from time to time. It's only a problem when your worries get in the way of other parts of your life, or if they make you unhappy.</p> <p>When you worry, your body and thoughts can go through several changes. These changes can be uncomfortable, and for some people they're scary.</p>	<ul style="list-style-type: none"> <li>• Dry mouth</li> <li>• Feeling like there is a 'lump' in your throat</li> <li>• 'Butterflies' in the tummy</li> <li>• Sweaty hands</li> <li>• 'Jelly' legs</li> <li>• Want to go to the toilet</li> <li>• Difficulty breathing</li> <li>• Heart beats fast</li> <li>• Shaky voice</li> <li>• Blurred eye sight</li> <li>• Headache</li> <li>• Light headed/feel faint</li> <li>• Thinking unhelpful or unpleasant thoughts</li> <li>• 'Spiralling' thoughts</li> <li>• Teary</li> <li>• Feeling hot/red face</li> </ul>
<b>Depression</b>	<p>There may be times when everyone feels down, fed-up, unhappy or sad. Most of the time these feelings come but sometimes these feelings can persist and stay to affect aspects of your life like school, your relationships, or your emotional wellbeing. You can't seem to shift them and end up feeling depressed. You may have noticed you are:</p>	<ul style="list-style-type: none"> <li>• Often teary</li> <li>• Cry for no reason or over minor things</li> <li>• Has trouble going to sleep or staying asleep</li> <li>• Feeling your lacking energy and are constantly tired</li> <li>• Comfort eating or lost your appetite</li> <li>• Difficulty with concentration</li> <li>• Stopped doing or have lost interest in things you have previously enjoyed</li> <li>• Go out less, stopped hanging out with friends and want to be left alone</li> </ul>

### Your Emotional Health

Over the past 2 weeks, how often have you been bothered by the following problems... (PHQ-4)	Not at all	Several days	More than half the days	Nearly every day	
1. Feeling nervous, anxious or on edge?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
2. Not being able to stop or control worrying?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
3. Little interest or pleasure in doing things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
4. Feeling down, depressed or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
Social support for life in general?	Strongly disagree	Disagree	Agree	Strongly agree	
5. I can count on someone when things go wrong.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
6. I can talk about my problems with someone.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
Your weight, shape and eating	On a scale of 1 to 5, where 5 is the best outcome				
7. I am comfortable with my current weight.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8. I am comfortable with my body shape/appearance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9. I am comfortable with my eating pattern.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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### Problem Areas in Diabetes – Parents of Children (P-PAID-C)

**Instructions:** Living with diabetes can sometimes be difficult. In day-to-day life, there may be many problems and hassles with your child's diabetes. The problems may range from minor hassles to major life difficulties. Listed below are a variety of possible problem areas which people with diabetes may have. Think about how much each of the items below may have upset or bothered you **DURING THE PAST MONTH** and tick (✓) the appropriate number.

Please note that we are asking you how much each item may be bothering you in your life, **NOT** whether the item is merely true for you. If you feel that an item is not a bother or a problem for you, you would tick "1". If it is very bothersome to you, you would tick "6".

During the past month I have been...	Not a problem		Medium problem		Big problem	
1. Feeling sad when I think about my child having and living with diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. Feeling overwhelmed by my child's diabetes regimen.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Feeling angry when I think about my child having and living with diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. Feeling constantly concerned about food and eating.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Worrying about the future and the possibility of my child developing serious complications.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Feeling upset when my child's diabetes management is "off track."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. Feeling "burned-out" by the constant effort to manage my child's diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. Feeling that my child does not check blood sugars often enough.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9. Feeling discouraged or defeated when I see high blood sugar results on my child's meter.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. Feeling that I act like the "diabetes police" (e.g. nag about eating properly, checking blood sugars, not trying hard enough).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Feeling that I cannot trust my child to care for their diabetes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12. Feeling I must be perfect in managing my child's diabetes regimen.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13. Worrying that my child will miss or skip blood sugar checks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14. Feeling that my child's blood sugars often swinging wildly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15. Feeling that I am often failing with managing my child's diabetes regimen.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16. Feeling like I worry about complications for my child too much.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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### Transition Capability (clinician to complete)

Factors to consider	Current clinical picture
Developmental appropriateness	
Cognitive capability	
Emotional capability	
Environmental capability	
Level of motivation	
Treatment adherence	
Barriers to transition	

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### Referrals

Select (✓)

PAID-C score	Sum of items: ..... = Total PAID-C score: ..... If PAID-C score $\geq 20 \rightarrow$ CDE/Psychologist	<input type="checkbox"/>
P-PAID-C score	Sum of items: ..... = Total P-PAID-C score: ..... If P-PAID-C score $\geq 35 \rightarrow$ CDE/Psychologist	<input type="checkbox"/>
WHO-5 score	Sum of items: ..... x 4 = Total WHO-5 score: ..... If score $\leq 50 \rightarrow$ CDE If score $\leq 28 \rightarrow$ Psychologist	<input type="checkbox"/> <input type="checkbox"/>
PHQ-4 score	Total anxiety: ..... + Total depression: ..... = Total PHQ-4 score: ..... If Anxiety and/or Depression $\geq 3 \rightarrow$ Psychologist	<input type="checkbox"/>
Your weight, shape and eating	If score 1 or 2 for question <input type="checkbox"/> 7, <input type="checkbox"/> 8, <input type="checkbox"/> 9 $\rightarrow$ Dietitian	<input type="checkbox"/>
Hypoglycaemia	If question 12 any answer <input type="checkbox"/> except "Not a problem" AND/OR If question 11 any answer <input type="checkbox"/> except "3 or more" $\rightarrow$ CDE	<input type="checkbox"/>

### Staff to Discuss/Address the Following Concerns

Select (✓) plan  
documented

Social/financial/cultural support	If concerns identified $\rightarrow$ SW/IHW	<input type="checkbox"/>
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Comments:

Clinician name:

Designation:

Signature:

Date: