



Queensland
Government

Diabetes Psychosocial Assessment (Phase Three)

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:

- ☐ Phase two assessments are completed
- ☐ Young person has been in transition clinic and ready for transfer to adult services
- ☐ Young person is approximately 16–18 (dependent upon developmental age)
- ☐ Independent visits occurring between the young person and their clinician
- ☐ Confidentiality explained to young person and strictly adhered to (as appropriate)
- ☐ Written transition plan with regular revision of goals has occurred

Problem Areas in Diabetes – Teen Version (PAID-T)

Instructions: Living with diabetes can sometimes be difficult. In day-to-day life, there may be many problems and hassles with your 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 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 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 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 “burned-out” by the constant effort to manage 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 I am not checking my 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
6. Not feeling motivated to keep up with my daily diabetes tasks.	<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 that my friends or family act like “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
8. 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
9. Missing or skipping 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
10. Feeling that I am often failing with my 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
11. 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
12. Feeling that my friends or family don’t understand how difficult living with diabetes can be.	<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 diabetes gets in the way of having fun and being with my friends.	<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 like my parents worry about complications 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

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 11/2020

WINC Code:



SW1068

DIABETES PSYCHOSOCIAL ASSESSMENT (PHASE THREE)



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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
Hypoglycaemia (hypo or low blood glucose)	Strongly disagree	Disagree	Agree	Strongly agree
10. I worry about hypoglycaemia...	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Do your hypo symptoms usually occur at a blood glucose level of...	<input type="checkbox"/> 3 or more mmol/L <input type="checkbox"/> Between 2.0–2.9mmol/L		<input type="checkbox"/> Less than 2mmol/L <input type="checkbox"/> I do not feel symptoms	
12. I feel that I can't ever be safe from hypoglycaemia	<input type="checkbox"/> Not a problem <input type="checkbox"/> Slight problem <input type="checkbox"/> Moderate problem		<input type="checkbox"/> Somewhat serious problem <input type="checkbox"/> Serious problem <input type="checkbox"/> Very serious problem	

Financial Concerns

	Yes	No
Do you have a Medicare Card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Health Care Card?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have private health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Are there financial concerns in your family that you are aware of and that impact your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Your Well-being (WHO-5)

Over the past 2 weeks...	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	None of the time
13. I have felt cheerful and in good spirits.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
14. I have felt calm and relaxed.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
15. I have felt active and vigorous.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
16. I woke up feeling fresh and rested.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
17. My daily life has been filled with things that interest me.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Over the past 2 weeks...	Very negative	Negative	Neutral	Positive	Very positive	
18. What is the impact of diabetes on your quality of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

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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	

Transition Goals (final review)

Time period	Goals (what is to be achieved)	Supports (who is to assist in achieving the goals)	Processes (how is this to be accomplished)
Immediate			
Intermediate			
Long-term			

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Select (✓)

PAID-T score	Sum of items: = Total PAID-T score: If PAID-T score $\geq 30 \rightarrow$ 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"/>

Select (✓) plan documented

Social/financial/cultural support	Response "Disagree" or "Strongly Disagree": <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" → SW/IHW <input type="checkbox"/>	documented
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Comments:

Example Not for Use

Clinician name:

Designation:

Signature:

Date: