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|-----------------|------------|-----------|-------|
| Clinician name: | | Facility: | |
| Designation: | Signature: | | Date: |

- This questionnaire supports the evaluation of the Statewide Diabetes Clinical Network (SDCN) Transition project for patients with type 1 diabetes. It is to be completed by the health professionals involved in supporting the patient transitioning through the stages of transition as outlined in the statewide endorsed model of care and guidelines.
- Your feedback is critical to ensure we are able to provide a useful and contemporary transition service that supports the transition of young people with type 1 diabetes from paediatric to adult services. Please take a few minutes to share your experiences and reflections so we can evaluate our transition model of care.
- ☐ I consent for this data to be used for research and/or service elevation purposes
- Please return this form to the facilitator at the end of the transition process. No further action required if this form was completed online.

| Please rate the following statements | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. The education provided to me by the site coordinator to deliver this transition model of care was appropriate and useful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. My understanding of transition for patients with type 1 diabetes has increased | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. The tools and documents provided were both accessible and user-friendly | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. The knowledge/skills gained through the transition process have been useful for my own professional development in this area | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. The tools and documents provided prompted me to think of processes to support the patient transitioning | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Overall, the tools and documents provided supported the transition process | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

7. What were the most useful aspects of the transition process?

8. What have you learnt regarding transition and type 1 diabetes?

9. Are there additional documents that you would recommend adding to the suite of transition tools?

10. Please provide suggestions for how this process could be improved?

