



Queensland
Government

Transition Evaluation (Patients)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

- Your feedback is important to us so we are able to provide a useful and supportive service for patients who are transitioning from paediatrics to an adult diabetes service. We would appreciate if you could take a few minutes to share your experiences and reflections of the transition process.
- ☐ 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. My diabetes team/health practitioner were helpful and supportive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. My understanding of how I manage my diabetes has increased due to the transition process	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. I feel confident to manage my diabetes independently	<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 diabetes management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. The goals I developed throughout my transition process were appropriate and useful for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6. Overall, I was satisfied with the transition process	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7. My transition from Paediatric care to Adult care went smoothly (if you have not transitioned to adult care please rate if this process has run smoothly thus far)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. What were the most helpful aspects of the transition process?

9. What do you know about managing your diabetes that you didn't know before?

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

DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 11/2020
WINC Code:



SW1062

TRANSITION EVALUATION (PATIENTS)

Thank you, your feedback is appreciated.