

MRN: \_\_\_\_\_

On TRAck – CLIENT Version

Date: \_\_\_\_\_

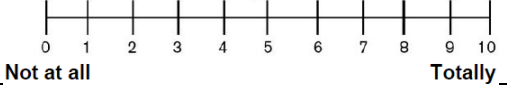
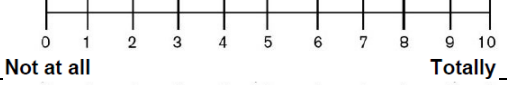
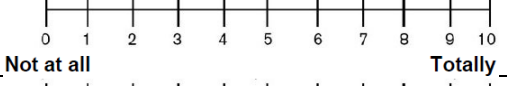
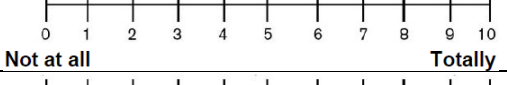
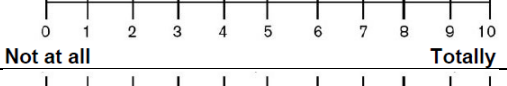

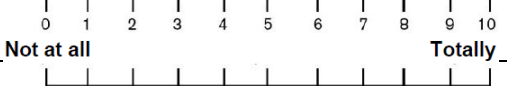
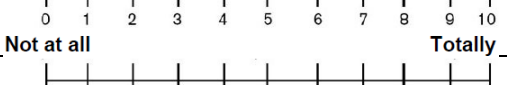
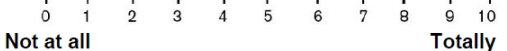
Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please circle the number that best applies for each question.

1. I can take care of my diabetes when I'm away from my family at night (sleepovers, camping with friends).	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
2. I feel that I have enough support from my family to take care of my diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
3. I feel that my parents encourage me to take care of my diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
4. I feel that my parents believe I am able to take care of my diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
5. My parents let me take care of blood sugar testing on my own.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
6. My parents let me take care of insulin on my own.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
7. I am able to take care of my diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
8. I think I do a good job taking care of my diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
9. I look for chances to learn more about diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
10. I know enough information about diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
11. I am the one in charge of planning and giving my insulin.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
12. I know how to keep my blood sugar between 4 and 7 mmol/L.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
13. I feel confident adjusting insulin on my own.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
14. I feel confident adjusting insulin when I do physical activity.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
15. I feel confident taking care of my diabetes when I am sick.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>

MRN: \_\_\_\_\_

16. I need someone to remind me to take my insulin.	
17. I feel confident in treating a low blood sugar.	
18. I feel confident in treating a high blood sugar.	
19. I know when to check for ketones.	
20. I believe that having blood tests every year is important.	
21. I believe that coming to diabetes appointments is important.	
22. I book my own diabetes appointments without help from family.	
23. I feel comfortable talking to my doctor on my own without help from family.	
24. I know how to reach the doctor or nurse, if necessary.	

**Thank you for your time!**

Adapted from Reem A. Al Khalifah, Meghan McConnell, Ahmed A. Al Nahari, Roshni Ravi, Zubin Punthakee, Development and Validation of the Transition Readiness Assessment Instrument in Type 1 Diabetes “On TRAck”, Canadian Journal of Diabetes, Volume 46, Issue 5, 2022, Pages 510-517.

MRN: \_\_\_\_\_

On TRAck – **CAREGIVER** Version

Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Youth's Date of Birth: \_\_\_\_\_

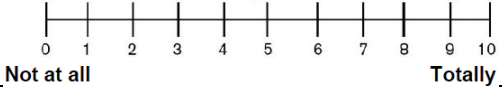
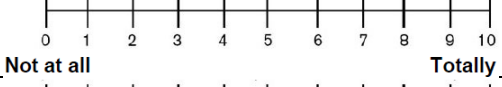
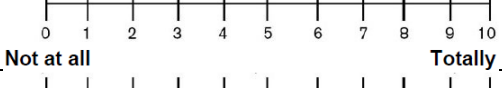

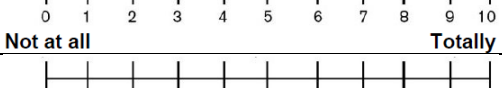
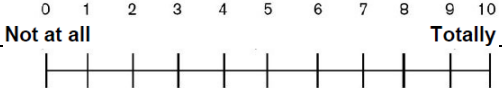
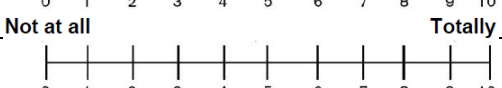
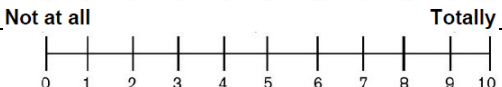
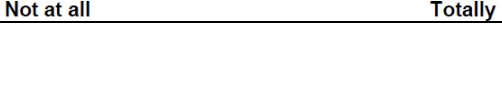
Caregiver Name: \_\_\_\_\_

I am the youth's:  Mother  Father  Other (specify): \_\_\_\_\_

Please circle the number that best applies for each question.

1. My child can take care of their diabetes whenever they are away from family at night (sleepovers, camping with friends)	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
2. I provide my child with enough support to take care of their diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
3. I encourage my child to take care of their diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
4. I believe that my child is able to take care of their diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
5. I let my child take care of blood sugar testing on their own.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
6. I let my child take care of insulin on their own.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
7. My child feels they can take care of their diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
8. I think my child is doing a good job taking care of their diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
9. My child looks for chances to learn more about diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
10. My child knows enough information about diabetes.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
11. My child is in charge of planning and giving their insulin.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
12. My child knows how to keep their blood sugar between 4 and 7 mmol/L.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
13. My child feels confident adjusting insulin on their own.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
14. My child feels confident adjusting insulin when they do physical activity.	<p>0 1 2 3 4 5 6 7 8 9 10 Not at all Totally</p>
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MRN: \_\_\_\_\_

16. My child needs someone to remind them to take insulin.	
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MRN: \_\_\_\_\_

On TRAck – **HEALTHCARE PROVIDER** Version

Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

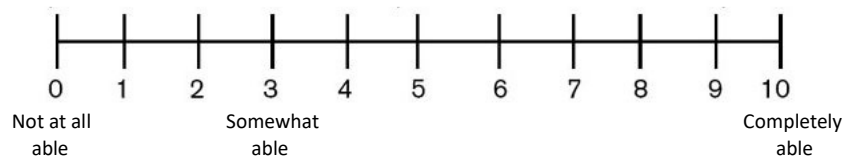
Youth's Date of Birth: \_\_\_\_\_

Completed by: \_\_\_\_\_

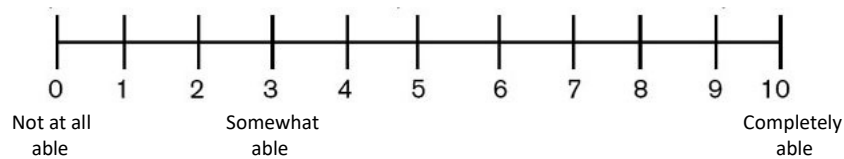
RD    RN    SW    MD    Other: \_\_\_\_\_

**This survey is intended to find out more about the child's diabetes skills mastery to prepare for adult diabetes transition. On a scale from 0 to 10, please put a circle around the number that represents your opinion regarding this patient's current:**

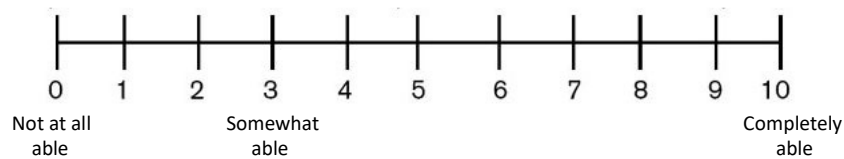
1. Ability to perform age-appropriate diabetes management tasks:



2. Maturity level to engage with a health-care team, solve problems and take responsibility:



3. Readiness to independently perform adult diabetes management tasks at this time:



**Thank you for your time!**

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