

Moving on...with Diabetes

ADOLESCENT KNOWLEDGE & SKILLS CHECKLIST (AGES 17-18 YRS)



(TO BE COMPLETED BY THE ADOLESCENT **AND** BY THE PARENT)

Use this checklist to help you evaluate your knowledge and skill level in **managing** your diabetes. It will help you to identify those areas where new information or a review is needed. If you have questions about any area, talk to your Diabetes Health Care Team. They are always available to help.



Name: _____ **Age:** _____ **Month/Year Completed:** _____

PART 1: DIABETES MANAGEMENT



a) Blood Glucose Monitoring

| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|
| Using my blood glucose (BG) meter | | | |
| Taking care of my meter | | | |
| Comparing my meter reading with the lab result | | | |
| Recording my BG/uploading BG from meter | | | |
| Looking for patterns of high or low readings | | | |
| Taking appropriate action if glucose is high or low | | | |



b) Insulin Management

| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|
| Identifying my insulin(s) name/type | | | |
| Stating the action/timing of my insulin(s) | | | |
| Using and rotating appropriate injection sites | | | |
| Using proper injection technique | | | |
| Using the following injection devices: | | | |
| • Insulin Pen | | | |
| • Syringes | | | |
| • Pump | | | |
| Knowing what to do if my insulin pump stops working | | | |
| Adjusting my insulin/figuring out correction doses | | | |
| Uploading pump data to computer | | | |
| Safely disposing of my needles and sharps | | | |

c) Nutrition



| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|
| Eating healthy balanced meals/snacks | | | |
| Spacing my meals and snacks | | | |
| Measuring food portions | | | |
| Carbohydrate counting | | | |
| Adjusting insulin for number of carbohydrates that I eat | | | |
| Making appropriate food choices when eating out | | | |

d) Physical Activity/Exercise



| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|
| Benefits of physical activity | | | |
| Effect of different types of exercise on my BG | | | |
| Adjusting insulin/food for extra activity | | | |
| Monitoring BG before, during, and after exercise and know what to do with results | | | |

SHORT TERM COMPLICATIONS

a) Hypoglycemia



| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------|
| Identifying signs and symptoms of a low BG | | | |
| Identifying causes of a low BG | | | |
| Appropriately treating low BG | | | |
| What to carry with me to treat a low BG | | | |
| Why I need to wear a medic-alert ID or other identification | | | |
| What glucagon is used for/expiry date | | | |
| Dangers of driving with a low BG and how to avoid this | | | |
| What it means to have hypoglycemic unawareness | | | |

b) Sick Day Management

| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|
| How often to check my BG when I am sick | | | |
| When to take my insulin when I am sick | | | |
| How to adjust my insulin and food when I am sick | | | |
| Why I should drink lots of water and glucose free drinks | | | |
| When and how to check for ketones | | | |
| What to do to prevent diabetic ketoacidosis (DKA) | | | |
| When to call my diabetes care team | | | |

LONG TERM COMPLICATIONS

a) Prevention and Screening

| Knowledge/Skill | Got it Covered  | Need Update  | Not Applicable |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|
| Diabetes and Eye Disease (Retinopathy) | | | |
| Need for yearly eye exam (dilated pupils) | | | |
| Diabetes and Kidney Disease (Nephropathy) | | | |
| Need for urine testing for protein (every 6-12 months) | | | |
| Diabetes and Nerve Disease (Neuropathy) | | | |
| Need for yearly foot assessments | | | |
| Diabetes and Heart Disease and Stroke | | | |
| Need for regular blood pressure and cholesterol checks | | | |

If there are things you are confused/unsure about, make a list below; talk to your Diabetes Care Team.
