
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 2: LIVING WITH DIABETES

a) Lifestyle

Knowledge/Skill	Got it Covered 	Need Update 	Not Applicable
Sexual Health and Birth Control			
Planned Pregnancy			
Smoking and Diabetes			
Alcohol and Diabetes			
Drug Use and Diabetes			
Dating and Diabetes			
Travel and Diabetes			
Driving and Diabetes			
Diabetes and Eating Disorders			
Diabetes and Depression/Anxiety			

TAKING RESPONSIBILITY FOR MY HEALTH CARE

b) Routine Follow-Up

Knowledge/Skill	Got it Covered 	Need Update 	Not Applicable
Making and Keeping Appointments			
Flu Vaccine and Other Immunizations			
Filling Prescriptions/Who Can Renew Prescriptions			
Ordering Diabetes Supplies			
Drug Plans and Tax Credits			
Insurances			
Contacting Other Health Care Professional/Resource People			

(see other side)

