

Paediatric Diabetes Download Clinic

Pre-Clinic Questionnaire



Child’s name: …

Date of birth: …

Reason for download review: …

If on pump, date of last cannula change: …

If on multiple daily injections (MDI), name of background insulin and dose: …

If using Libre or CGM, name of sensor and date of last sensor insertion: …

Download information

Date of download: …

Any illnesses during download period e.g. flu, diarrhoea, period (girls)? ...

Any days that differ to usual routine during download period? …

Average 14-day blood glucose level: …

Average sensor glucose (if applicable): …

Questions to consider

What is happening to the blood glucose overnight? …

Do you think that the correction is effective? …

Do you think the insulin given for carbohydrates is effective? …

Have you made any changes since your last contact with the team? …

Suggest a change

With the information provided above, please suggest a change which you think may lead to an improvement: …

Thank you for completing this questionnaire