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Appendix 10

Sample Diabetes and Driving Assessment Form

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<p>Type of diabetes: <input type="checkbox"/> type 1 <input type="checkbox"/> type 2 <input type="checkbox"/> other</p> <p>Date Diagnosed: _____</p> <p>Diabetes treatment <input type="checkbox"/> nutritional therapy/healthy behaviour interventions alone <input type="checkbox"/> insulin <input type="checkbox"/> sulfonylurea/meglitinide <input type="checkbox"/> other noninsulin antihyperglycemic agent (metformin, alpha-glucosidase inhibitor, glitazone [TZD], GLP-1 receptor agonist, DPP-4 inhibitor or SGLT2 inhibitor)</p> <p>Most recent A1C (within last 6 months) <input type="checkbox"/> ≤7.0% <input type="checkbox"/> 7.1–8% <input type="checkbox"/> 8.1–11.9% <input type="checkbox"/> ≥12%</p> <p>Blood glucose monitoring Is the driver with diabetes maintaining a log of their self-monitored blood glucose measurements with either a memory-equipped blood glucose meter or electronic record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are A1C results consistent with blood glucose logs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For drivers on insulin or insulin secretagogues, is there evidence of blood glucose monitoring at least every 4 hours while driving or wearing of a continuous blood glucose monitoring device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Hypoglycemia Does the driver with diabetes have awareness of early symptoms of hypoglycemia (e.g. palpitations, shakiness, anxiety, sweating, hunger, tingling)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the driver with diabetes know how to treat hypoglycemia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For drivers with diabetes treated with insulin or insulin secretagogues, is blood glucose monitoring equipment and supplies of rapidly absorbable carbohydrate within easy reach in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>For private drivers with diabetes, in the past 6 months, have there been any episodes of severe hypoglycemia</p> <p><input type="checkbox"/> while awake? Specify number and date (s) _____</p> <p><input type="checkbox"/> while driving? Specify number and date (s) _____</p> <p><input type="checkbox"/> while asleep? Specify number and date (s) _____</p> <p>Has the driver had evidence of hypoglycemia unawareness in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has there been recovery of hypoglycemia awareness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For commercial drivers with diabetes, in the past 12 months, have there been any episodes of severe hypoglycemia</p> <p><input type="checkbox"/> while awake? Specify number and date (s) _____</p> <p><input type="checkbox"/> while driving? Specify number and date (s) _____</p> <p><input type="checkbox"/> while asleep? Specify number and date (s) _____</p> <p>Has the driver had evidence of hypoglycemia unawareness in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has there been recovery of hypoglycemia awareness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>General Health Does the patient have any of the following complications to an extent that could impair his/her ability to drive safely?</p> <p><input type="checkbox"/> Retinopathy <input type="checkbox"/> Neuropathy <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Amputation <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Other</p>