Initial Diabetes Assessment

Name ________________________________ Date __________________________

Introduction

What type of diabetes do you have?
☐ Type 1  ☐ Type 2  ☐ Pre-diabetes  ☐ Gestational Diabetes  ☐ Don't know

What age were you when diagnosed? _______________________

List the relatives that have diabetes.
Select all that apply.
☐ Father  ☐ Mother  ☐ Aunt  ☐ Uncles  ☐ Grandfather  ☐ Grandmother  ☐ Siblings  ☐ None

Medical History

Check any of the following tests/procedures you have had in the last 12 months:
Select all that apply.
☐ Dilated eye exam  ☐ Urine test for protein  ☐ Self foot exam  ☐ Medical professional foot exam
☐ Dental exam  ☐ Blood pressure check  ☐ Weight check  ☐ Cholesterol check
☐ A1c  ☐ Flu Shot  ☐ Pneumonia shot

In the last 12 months, have you been admitted to the ER or had a hospital stay due to diabetes?
☐ Yes  ☐ No

Do you have any of the following health issues:
Select all that apply.
☐ Eye problems  ☐ Kidney problems  ☐ Numbness/tingling/loss of feeling in hands and/or feet
☐ Dental problems  ☐ High blood pressure  ☐ High cholesterol
☐ Sexual problems  ☐ Depression
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Male Patients: Please skip the next three questions

Are you:
☐ Pre-menopausal  ☐ Menopausal  ☐ Post-Menopausal  ☐ Not applicable

Are you pregnant?
Select all that apply.
☐ Yes  ☐ No  ☐ I plan on becoming pregnant  ☐ I use birth control

If yes, what is your due date? ________________

Do you have children?
☐ Yes ☐ No

Taking Medications

How do you medically manage your diabetes?
Select all that apply.
☐ Diabetes pills  ☐ Insulin injections  ☐ Non-insulin injections  ☐ Combination of diabetes pills
☐ Insulin pump  ☐ I do not take diabetes medications

About how often do you miss taking your medication as prescribed?
☐ Once each day  ☐ A few times each day  ☐ A few times each week  ☐ A few times each month
☐ Never

Monitoring

Do you check your blood sugar at home?
☐ Yes ☐ No

When?
Select all that apply.
☐ Before Breakfast  ☐ Before Lunch  ☐ Before Dinner  ☐ 2 hours after meals
☐ Before Bedtime  ☐ N/A

How often?
☐ One time each day  ☐ 2 or more times each day  ☐ 1 or more times each week
☐ Less than 1 or more times each week  ☐ N/A

What is your blood sugar range at home?
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- Mostly between 80-150 mg/dl
- Mostly less than 180 mg/dl
- Mostly less than 300 mg/dl
- I do not know

What is your home blood sugar target?

- Mostly between 80-150 mg/dl
- Mostly less than 180 mg/dl
- Mostly less than 300 mg/dl
- I do not have a blood sugar goal

How often have you had a low blood sugar reaction?

- Never
- Once
- One or more times per day
- One or more times per week
- One or more times per month
- Other

What are your symptoms of low blood sugar?

Select all that apply.

- Dizziness
- Excess sweating
- Excessive hunger
- Fainting
- Fatigue
- Lightheadedness
- Nausea or vomiting
- Headache
- Blurred vision
- Irritability
- Confusion or unresponsiveness
- Unsteadiness
- Shakiness
- Sensation of an abnormal heartbeat

How do you treat low blood sugar?

Select all that apply.

- Glucose tablets
- Glucose gel
- Hard candy (not sugar-free)
- Fruit juice
- Milk
- Soft drink (not sugar-free)
- Recheck in 15 minutes with a blood glucose finger stick to assure blood glucose is rising
- Follow-up with a snack or next meal
- Contact your Diabetes team to evaluate why this occurred
- Use Glucagon
- If blood sugar is not rising, call 911 for assistance
- Notify anyone you are with letting them know you are experiencing the symptoms of low blood
- Other

How do you know if your blood sugar is high?

Select all that apply.

- Increased thirst
- Headaches
- Trouble concentrating
- Blurred vision
- Frequent peeing
- Fatigue (weak, tired feeling)
- Weight loss

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- Blood sugar more than 180 mg/dl
- Skin infections
- Slow-healing cuts and sores
- Numbness, burning, or pain in feet
- None of the above
- I do not know

What do you do when your blood sugar is high?
Select all that apply.

- Exercise
- Rest
- Drink plenty of non-caloric fluids
- Check blood sugar at least every 4 hours
- Contact your diabetes team for guidance if symptoms persist
- Do not exercise if blood sugar is persistently elevated
- Follow your diabetes eating plan
- Adjust your insulin doses to control hyperglycemia
- Confirm taking diabetes medications correctly
- Check to see if you have a fever
- Nothing

Healthy Living

Do you have a meal plan for diabetes?
- Yes
- No

If yes, what type of meal plan do you follow?
Select all that apply.

- Low carbohydrate
- Carbohydrate controlled
- No added sugar
- Gluten free
- Calorie controlled
- Low fat
- High calorie
- Other

Do you read and use food labels as a dietary guide?
- Yes
- No

Do you have any dietary restrictions?
Select all that apply.

- Salt
- Fat
- Fluid
- Caloric
- None

Do you do your own food shopping?
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Do you cook your own meals?
- Yes
- No

How often do you eat out?
- More than once daily
- Daily
- 3-5 times per week
- Once per week
- Once every two weeks
- Once per month
- I never eat out

How often do you have an alcoholic beverage?
- Never (skip next question)
- Monthly or less
- 2-4 times each month
- 2-3 times each week
- 4 or more times each week

How many alcoholic beverages do you have on a typical day when you are drinking?
- 1-2
- 3-6
- 7-10
- 11 or more

Do you use tobacco?
Select all that apply.
- Cigarette
- Pipe
- Cigar
- Chewing
- None
- Quit

My exercise routine is:
- Easy
- Moderate
- Intense
- Very Intense
- I do not exercise regularly

Problem Solving

Have you had previous instructions on how to take care of your diabetes?
- Yes
- No

If yes, when was the last time you were instructed on the management and/or prevention of diabetes?
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- Less than 3 months ago
- 3-6 months ago
- 6-12 months ago
- 1-2 years ago
- 2-5 years ago
- I cannot remember

Select the answer that best describes how you feel about having diabetes or pre-diabetes?

- I can manage my blood sugar and can maintain my self-care always
- I can manage my blood sugar and can maintain my self-care most of the time (more than 50%)
- I can manage my blood sugar and can maintain my self-care sometimes (less than 50%)
- Managing my blood sugar and supporting my self-care is a daily challenge
- Managing my blood sugar and supporting my self-care is overwhelming and affects my life
- It is very hard for me to manage my self-care and I am unsure on how to do it
- I do not manage my blood sugar and support my self-care

In your own words, what is diabetes?

____________________________________________________________________________________

How do you learn best?
Select all that apply.

☐ Listening
☐ Reading
☐ Observing
☐ Doing

Healthy Coping

I feel good about my general health.

- Agree  ☐ Neutral  ☐ Disagree

My diabetes interferes with other aspects of my life.

- Agree  ☐ Neutral  ☐ Disagree
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I have some control over whether I get diabetes complications or not.
☐ Agree  ☐ Neutral  ☐ Disagree

How do you handle stress on a scale from 1 to 5? (1 = I handle stress poorly, 5 = I easily manage stress)
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

What concerns you the most about your diabetes?
☐ Coverage of your diabetes care supplies and medications
☐ Having to follow dietary advice
☐ Having to follow Exercise advice
☐ Having to monitor blood glucoses
☐ Maintaining my A1c
☐ Diabetes complications
☐ How can I manage diabetes and stay healthy?
☐ Do I tell my employer I have diabetes?
☐ Getting worse
☐ Having to take insulin
☐ Weight management
☐ Taking diabetes medications
☐ How to prevent diabetes?
☐ Can I stop diabetes?
☐ Will my children have diabetes?

What is hardest for you in caring for your diabetes?
________________________________________________________________________
________________________________________________________________________

Culture

What level of education have you completed?
☐ Less than High School  ☐ High School / GED  ☐ Some College  ☐ 2-year College Degree
☐ 4-year College Degree  ☐ Graduate/Masters/Doctorate

Are you currently employed?
☐ Yes  ☐ No
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What is your occupation? __________________________

Marital Status
☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed

How many people live in your household?
☐ 1-2  ☐ 3-4  ☐ 5-6  ☐ Greater than 6

How are they related to you?
☐ Related family  ☐ Extended family  ☐ Friends  ☐ Roommates  ☐ Co-workers

From whom do you get support for your diabetes? 
Select all that apply.
☐ Family  ☐ Coworkers  ☐ Healthcare providers  ☐ Support group  ☐ No one

Do you have any difficulty with the following? 
Select all that apply.
☐ Hearing  ☐ Seeing  ☐ Reading  ☐ Speaking  ☐ Concentrating  ☐ None of the above

Explain any difficulties you checked in the above question.
__________________________________________________________________________________________

Do you have any cultural or religious practices or beliefs that influence how you care for your diabetes?
☐ Yes  ☐ No

If yes, please describe:  _____________________________________________________________
__________________________________________________________________________________________

Goals
What are you interested in learning during these diabetes education sessions? 
Select all that apply.
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- Available self-management technology
- Being active
- Getting my A1c to goal
- Healthy eating
- How to get motivated
- Improving my diabetes medication plan
- Improving my mental outlook
- Increasing daily energy
- Monitoring blood sugar and other related laboratory results and measurements
- Optimizing insurance benefits with diabetes
- Problem solving issues
- Reducing risks of diabetes related complications
- Setting goals to improve my diabetes management
- Stress management
- Weight management