

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

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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
- Slow-healing cuts and sores
- None of the above
- Skin infections
- Numbness, burning, or pain in feet
- I do not know

What do you do when your blood sugar is high?

Select all that apply.

- Exercise
- Drink plenty of non-caloric fluids
- 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
- Rest
- Check blood sugar at least every 4 hours

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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- Yes No

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