

FOLLOW-UP ASSESSMENT

Name: _____ Medical Record #: _____ Today's Date: _____

Tell us what you think:

	Not at all	Somewhat	Very
• How satisfied are you with how you are managing your diabetes?	1	2	3
• How confident are you in your ability to learn about diabetes and make some lifestyle changes to improve your health?	1	2	3
• How important is making changes to improve your diabetes care?	1	2	3

What is *most important* to talk about today?

Monitoring Blood Sugar

- How many times a day do you check? 3 or more 1 – 2 times/day few times/wk rarely
- How do you use the results? don't really know how to use them record them in a log book
- adjust the way I eat adjust my medicines bring them to my doctor
- What are your usual fasting blood sugar results (before eating your first meal)?
- greater than 300 200 – 300 150 – 200 100 – 150 70 – 100

Physical Activity

About how many total *minutes per week* are you physically active? _____ minutes

Meal Plan

How often do you use a meal plan? never-rarely sometimes few times week daily

Low Blood Sugar

- How often** do your blood sugars run *low* or below target (goal) range? don't know
- daily few times a week once a week few times a month once in a while never
- How much of a problem** is *low* blood sugar for you? not a problem somewhat big problem

High Blood Sugar

- How often** do your blood sugars run high or above target (goal) range? don't know
- daily few times a week once a week few times a month once in a while never
- How much of a problem** is high blood sugar for you? not a problem somewhat big problem

Checking Feet

How often do you inspect you feet? daily few times/wk once/wk sometimes rarely

Thank You

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PATIENT LABEL



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