

DIABETES SELF-MANAGEMENT EDUCATION QUESTIONNAIRE

Name: _____ **Date:** _____

The following information will help us guide the diabetes education program to your specific interests.

What would you really like to learn more about in diabetes class? _____

For each of the following statements, indicate how well you think you do each of these skills. 1. Yes , I do this well. 2. OK , I could do a bit better. 3. No , I don't do this well.	1. Yes I do this well.	2. OK I could do better.	3. No I don't do this.
• I check my blood sugar daily; I know what the results mean and how to use the results to make decisions about my diabetes care.			
• I am physically active on a regular basis and now how to exercise safely to reduce risks of low blood sugar.			
• I can explain the basics of diabetes – what it is, how it is treated and different types.			
• I use a meal plan that works for me and I have an understanding of how food affects diabetes control.			
• I take my diabetes medicines as prescribed every day; I can describe how they work, their side effects and what to do if I forget to take a dose.			
• If I have a low blood sugar reaction, I know what to do, how to treat it and how to prevent it from happening again.			
• If I have high blood sugar , I know what to do, how to treat it and how to prevent it from happening again.			
• I have a sick day plan which I use to tell me what to do with my blood checking routine, medicine plan and meal plan.			
• To reduce risks for complications , I know which lab tests should be done on a regular basis; I know what my results are, what they should be and what to do to bring them towards goal.			
• I use a set of foot care guidelines to check my feet every day.			
• I can keep my diabetes in a healthy balance, not letting it overwhelm me, or give me feelings of depression.			
• I avoid smoking .			
• I avoid alcohol or drink no more than 1 – 2 drinks per day (with my provider's approval).			
• I am satisfied with my current weight .			

Which is the **most important** area for you to work on or discuss today at this visit? Circle the most important topic in the list above.

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PATIENT LABEL



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