

SHORT ASSESSMENT

What brings you here today? _____

Do you know what type of diabetes you have? Type 2 Type 1 Don't know
Have you been to the ER or admitted to the hospital in the past year? Yes No
Reason _____

Checking Blood Sugar

How many times a day do you usually check your blood sugar? _____
Do you know how to use the results? Yes No
Do you know what your targets are before and after meals? Yes No
What is your A1C? I don't know

Physical Activity

How often have you exercised for 20 minutes or more in the last month?
 None 1 or 2 times per week 3 to 4 times per week more than 4 times per week

Medications What medication do you take for your diabetes? _____

Meal Plan

Do you have a meal plan? Yes No
Do you use it? Yes No

Low Blood Sugar

How often do your blood sugars run below 80? never monthly weekly daily
Is this a problem for you? Yes No

High Blood Sugar

How often does your blood sugar run above 150 before meals?
 never monthly weekly daily

Checking Feet How often do you check your feet? never monthly weekly daily

Sick Days Do you understand sick day guidelines? Yes No

Complications

Do you know what lab tests/screening exams need to be done and how often to screen for complications of diabetes? Yes No Don't know
Do you smoke? Yes No Recently quit

Pregnancy

Have you received information about pregnancy planning and diabetes? Yes No Not applicable

Well Being In the past month, have you often felt hopeless, down or depressed?
 Yes No

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PATIENT LABEL