

DIABETES ASSESSMENT

• Name: _____

• Last Four: _____

Date: _____

Have you attended Diabetes Education classes before? If yes, how long ago and was it a structured 4 week class?

**1. Do you have trouble with any
of the following?**

We will help you by:

Hearing Yes No	Offer seating at the front of the class Provide you with written materials Offer one on one education if you prefer Other:
Seeing Yes No	Offer seating at the front of the class Provide you with written materials Offer one on one education if you prefer
Reading Yes No	Offer one on one education if you prefer
English is hard to understand Yes No	Offer Spanish written materials Other:
Learning in large groups Yes No	Offer one on one education if you prefer and Provide you with written materials Other:

2. Do you have any cultural or religious practices (fasting for religious ceremonies, special diet restrictions, special activities, such as ceremonial dances, walking to Chimayo) that should be included in your diabetes care plan? Yes No

3. Right now, I would rate my health as: Excellent Good Fair Poor

4. Type of Diabetes: Type 1 Type 2 Don't Know

I don't think I have diabetes.

5. How long have you had diabetes?

Pre diabetes 0-1year 2-5 years 5-10 years Over 10 years

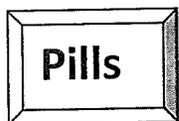
6. Please write down one thing you would hope to learn in these classes.

7. Do you wear any identification or carry a wallet card that shows you have Diabetes? YES NO

8. Do you agree that it is important to take your medication for diabetes as Prescribed? YES NO

9. Do you take medicine for diabetes? Yes No

10. If you are on medication for diabetes, please circle the medications you are presently taking:



Glyburide (Micronase)

Glipizide (Glucotrol)

Glucophage (Metformin)

Prandin (Repaglinide)

Starlix (Nateglinide)

Actos (Pioglitazone)

Avandia (Rosiglitazone)

Precose (Acarbose)

Glyset (Miglitol)

Sitagliptin (Januvia)

Saxagliptin (Onglyza)

Linagliptin (Tradjenta)

Other

None

Injections:

Lispro (Humalog)

Aspart (Novolog)

Regular (Novolin R)

NPH (Novolin N)

Glargine (Lantus)

Levemir (Detemir)

70/30 (Novolin 70/30)

70/30 (Novolog 70/30)

75/25 (Humalog 75/25)

*Pramlintide (Symlin)

Humulin 50/50

* Byetta (Exanatide)

Liraglutide (Victoza)

*injectables not insulin

11. Please circle any diabetes related complications you may have.

Retinopathy (eye disease)

Neuropathy (nerve disease)

Nephropathy (kidney disease)

Frequent Infections

Amputations

Heart Disease

Foot Problems

Gum Disease

12. Do you have any risk factors for complications of diabetes?

Circle any you know about.

Obesity-30 lb. overweight Overweight Family History of Diabetes

High Blood Pressure

High Cholesterol

Smoking

No exercise

13. Have you seen a dietitian about your meal plan? Yes No

14. Do you think what you eat affects your blood sugar control?

Yes No

15. Do you skip meals? Yes No

16. Do you exercise at least 3 times per week? Yes No

If yes, please circle the activity

Walking

Biking

Swimming

Lifting weights

Dancing

Running

Calisthenics

Other _____

How many times per week do you exercise?

How long do you exercise?

5 min 15 min 30 min 1 hour Over 1 hour

17. Do you drink alcohol? Yes No

18. Do you have a blood glucose meter? Yes No

If yes, do you check your blood sugars at home? Yes No

19. Do you bring your glucose meter to your medical appointments?

Yes No N/A

20. Do you ever get low blood sugar, under 80 mg/dl that makes you feel bad?

Yes No

21. Do you know how to treat a low blood sugar? Yes No