

# DIABETES ASSESSMENT FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Being a person with diabetes means \_\_\_\_\_

When I think about having diabetes, I feel \_\_\_\_\_

How do I feel about giving up old habits and starting new ones in order to improve my health? \_\_\_\_\_

Do I believe it simply doesn't matter if I change my habits? \_\_\_\_\_

Do I lack self-confidence in my ability to make changes? \_\_\_\_\_

## Getting Ready

What can I do to make a difference in my physical and emotional health? \_\_\_\_\_

Is there anything I should do to prepare myself for these changes? \_\_\_\_\_

Who is available to help me? \_\_\_\_\_

What can they do to help me? \_\_\_\_\_

## Diet

Which of the following has your health care team (doctor, nurse, dietician or diabetes educator) advised you to do?

Please check all that apply:

- Follow a low-fat eating plan.
- Reduce the number of calories you eat.
- Eat 5 servings per day of fruits and vegetables.
- Eat very few sweets.
- Other (specify): \_\_\_\_\_
- You have not been given any advice about your diet.

How often did you follow your recommended diet since your last visit?  Always  Usually  Sometimes  Rarely  Never

## Physical Activity

Which of the following has your health care team (doctor, nurse, dietician or diabetes educator) advised you to do? Please check all that apply:

- Do low to moderate activity (such as walking) on a daily basis.
- Exercise continuously for at least 20 minutes at least 3 times a week.
- Fit physical activity into your daily routine (take stairs instead of elevators, park a block away and walk).
- Other (specify): \_\_\_\_\_
- You have not been given advice about physical activity.

How often did you follow your exercise recommendations since your last visit?

- Always  Usually  Sometimes  Rarely  Never

continued ►



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

Developed by Family Care Network. Copyright © 2000 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/fpm/2000/0900/p51.html>. Updated: December 2018.

## Self-Monitoring of Blood Glucose

Which of the following has your health care team (doctor, nurse, dietician or diabetes educator) advised you to do?

Please check all that apply:

- Test your blood glucose (sugar) using a drop of blood from your finger.
- Test your blood glucose using a machine to read the results.
- Test your urine for sugar.
- Other (specify): \_\_\_\_\_
- You have not been given advice about testing your blood glucose.

How often did you follow your blood glucose testing recommendations since your last visit?

- Always
- Usually
- Sometimes
- Rarely
- Never

## Diabetes Medication

Which of the following medications for your diabetes has your doctor prescribed? Please check all that apply:

- An insulin shot 1 or 2 times a day.
- An insulin shot 3 or more times a day.
- Diabetes pills to control your blood glucose level.
- Glucophage (Metformin tablets).
- Other (specify): \_\_\_\_\_
- You have not been prescribed medication for your diabetes.

How often did you take your diabetes medication since your last visit?

- Always
- Usually
- Sometimes
- Rarely
- Never

## Foot Care

Which of the following has your health care team (doctor, nurse, dietician or diabetes educator) advised you to do?

Please check all that apply:

- Check your feet daily for sores cuts, calluses, infection, etc.
- Check inside your shoes daily for loose objects or rough edges.
- Not to go barefoot either inside or outdoors.
- Wash your feet daily, remembering to dry between your toes.
- Other (specify): \_\_\_\_\_
- You have not been given advice about foot care

How often did you follow your foot care recommendations since your last visit?

- Always
- Usually
- Sometimes
- Rarely
- Never

## Smoking

Have you smoked, even a puff, during the last 7 days?  Yes  No (skip to next section)

Has anyone from your health care team advised you to stop smoking?  Yes  No

Are you seriously considering stopping smoking in the near future?  Yes  No

## Managing Symptoms

Has your health care team instructed you what to do if your blood glucose is too low or too high?  Yes  No

How confident are you that you know what to do if your blood glucose is too low?

- |                      |   |   |   |   |   |   |                  |
|----------------------|---|---|---|---|---|---|------------------|
| <b>Not confident</b> |   |   |   |   |   |   | <b>Confident</b> |
| 1                    | 2 | 3 | 4 | 5 | 6 | 7 |                  |

How confident are you that you know what to do if your blood glucose is too high?

- |                      |   |   |   |   |   |   |                  |
|----------------------|---|---|---|---|---|---|------------------|
| <b>Not confident</b> |   |   |   |   |   |   | <b>Confident</b> |
| 1                    | 2 | 3 | 4 | 5 | 6 | 7 |                  |

*Thank you for taking the time to fill out this form.*