

DIABETES MANAGEMENT PROGRAM

Adult Diabetes Intake Questionnaire FOR NEW PATIENTS

In order to be able to assist you in your diabetes management, we would like to know more about your thoughts and opinions about your diabetes.

Please answer the questions included in this handout. You may circle more than one answer if appropriate. Any additional comments may be included on the back.

Thank you for actively participating in your diabetes care.

Name: _____ Date of Birth: _____

1. Have you previously attended a diabetes education class?

Yes

No

Do not remember

2. If you answered yes, when was the last time you had diabetes education?

Over 3 years ago

Less than 3 years ago

Do not remember

3. What is the highest grade level you completed in school?

Grade School

Middle School

High School

College

Grad School

4. How do you think that you learn best? (circle all that apply)

Seeing or demonstration

Listening

Touching or doing

5. Do you learn best one-on-one or in a group setting?

Individual

Group

Both

6. I worry that my prescription medication will do me more harm than good:

Agree completely (14)

Agree mostly (14)

Agree somewhat (4)

Disagree somewhat (4)

Disagree mostly (0)

Disagree completely (0)

7. I am convinced of the importance of my prescription medicine:

Agree completely (0)

Agree mostly (0)

Agree somewhat (7)

Disagree somewhat (7)

Disagree mostly (20)

Disagree completely (20)

8. I feel financially burdened by my out-of-pocket expenses for my prescription medicine:

Agree completely (2)

Agree mostly (2)

Agree somewhat (0)

Disagree somewhat (0)

Disagree mostly (0)

Disagree completely (0)

9. What concerns you most about your diabetes? (for example, "I am worried about complications of diabetes.")

10. Circle all of the foods below that can increase your blood sugar.

- | | | | |
|------------|---------------|---------|--------------------|
| Milk | Apples | Chicken | Shrimp |
| Tomatoes | Wheat Bread | Beans | Brown Rice |
| Pork Chops | Gatorade | Pecans | Sugar Free Cookies |
| Grapes | Peanut Butter | Pasta | Birthday Cake |

11. Circle all of the foods below that should be used to properly treat low blood sugar in the event of hypoglycemia.

- | | | | |
|------------------|-----------|--------------|------------------|
| Sugar-Free Candy | Pizza | Cheese | Hershey's Kisses |
| Orange Juice | Crackers | Glucose Tabs | Diet Coke |
| Snickers Bar | Root Beer | Cookies | Peppermints |

12. What is the level of stress in your life?

(No Stress) 1 2 3 4 5 6 7 8 9 10 (High Stress)

If you have a high degree of stress in your life (home and work), please explain:

Goal setting: Changing habits can be hard. There is a lot to do to manage your diabetes. Identifying something you want to change and writing it down can help you to succeed. **Select or write ONE to TWO goals that you want to accomplish in the next 3-6 months to better control your diabetes.**

___ I will eat breakfast daily

___ I will walk 30 minutes every day.

___ I will drink water or diet soda and avoid regular soda or drinks with sugar

___ I will eat healthy snacks such as vegetables, a small piece of fruit or ¼ cup of unsalted nuts

___ I will take my medications as they are prescribed by my medical provider.

___ I will monitor my blood sugars as recommended by the diabetes care team.

___ I will _____

___ I will _____

Please use this space for any additional comments or concerns:

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0 = Low risk
2-7 = Medium risk
8-36 = High risk