



Diabetes Self-Management Health Assessment

Date: _____

Name: _____ **Date of Birth:** ____/____/____

Address: _____

Phone: Home (____) _____ **Mobile:** (____) _____ **Gender:** F M

Ethnic Background: Caucasian African American Hispanic

Native American Middle-Eastern Asian

Measurements

What is your Height? _____ **What is your current Weight?** _____

Diabetes History

What type of diabetes do you have? type 1 type 2 Prediabetes Gestational I don't know

Other _____

When were you first diagnosed with diabetes? _____

What is your more recent A1C? _____ **Date tested:** _____

Monitoring Blood Glucose

Do you have a meter? Yes No **Do you check your blood sugars?** Yes No

How often: Once a day 2 or more/day 1 or more/week Occasionally

What is your Blood sugar range (in the past week)? (low) _____ / (high) _____

Acute Complications

Low Blood Glucose: In the last month, how often have you had a blood sugar less than 70?

Never Once 2 or more times/week

How do you treat your low blood sugar? _____

High Blood Glucose: In the last month, how often have you had a blood sugar more than 180?

Never Once 2 or more times/week

Medications

Do you take diabetes medications: Yes No

(If you clicked YES, please check all that apply below and write the dose, if you know).

Metformin (Glucophage) dose: _____ **Glipizide** dose: _____

Sitagliptin (Januvia) dose: _____ **Other diabetes medications name(s) & dose:**

 Insulin name(s) _____ **dose(s)** _____ **when** _____

Insulin name(s) _____ **dose(s)** _____ **when** _____

Do you take Coumadin (warfarin) or any other blood thinner? No Yes

Name: _____

Psychosocial Well Being

My level of stress is: High Medium Low No stress

How do you handle stress? _____ **Continue** ➔

Have you been diagnosed with Depression? Yes No



How do you deal with your depression? Medication Therapy Support from family/friends
From whom do you get support for your diabetes? Family Co-Workers Healthcare Providers
 Support Groups No-one Other _____

Nutrition

Do you have any dietary restrictions? If yes, mark all that apply

Sodium Fat Fluid Phosphorus Potassium Other _____

How many meals/times do you eat in a day (including meals and snacks)? 1 2 3 4+

Physical Activity

Do you exercise regularly? No Yes **If yes, type of activity:** _____

How many times per week? _____ **Duration of each session in minutes:** _____

Chronic Complications Do you have the following? Mark all that apply

Eye problems Kidney problems Numbness/tingling/loss of feeling in your feet Dental problems High blood pressure High cholesterol History of heart attack History of stroke Other: _____

In the last 12 months, due to diabetes, have you Used the emergency room Been admitted to a hospital

Behavioral changes

On a scale from 1 to 5 what is your readiness to make lifestyle changes to better manage your diabetes?

Not ready 0 1 2 3 4 5 Ready

What are your expectations with attending this Diabetes Self-Management Class Series?

- I am newly diagnosed and want to better understand the disease process
- Maintain my current A1C
- Reduce my A1C to less than 7%
- Reduce my medication needs
- Reverse my diabetes
- Other: _____

Diabetes Education

Have you had prior comprehensive diabetes education? Yes No. **If Yes, how long ago?** _____

In your own words, what is diabetes? _____



Place a checkmark ✓ in the column that best represents your current knowledge on the diabetes-related topics listed below:

TOPICS	I don't know anything or know very little about this topic	I have some knowledge about this topic, but I would like to review it	I have a good understanding about this topic
1- Diabetes Disease Process - Defining diabetes, identifying own type of diabetes, and understanding what caused you to develop diabetes; - Knowing at least 3 options for treating your diabetes.			
2- Healthy Eating - Describing the effect of type, amount and timing of food on your blood sugar - Knowing 3 methods for planning your meals			
3- Being Active - Understanding the effect of physical activity on your blood sugar levels			
4- Taking Medications - Understanding how the medicines you take work and their side effects;			
5- Monitoring Glucose - Understanding the recommended blood sugar and A1C targets.			
6- Short-term Diabetes Complications - Understanding the symptoms and treatment of high blood sugar and low blood sugar, and DKA(diabetes ketoacidosis) - Knowing what are the sick day guidelines, guidelines for severe weather or situation crisis, and diabetes supply management.			
7- Long-term Diabetes Complications - Understanding what are the long-term complications of diabetes; - Understanding the relationship of blood sugar levels to long term complications of diabetes; - Understanding how to prevent, screen for, manage, or reverse some long-term diabetes complications.			
8- Lifestyle Management of Diabetes - Understanding lifestyle and healthy coping strategies to manage your diabetes.			
9- Diabetes Distress and Support - Recognizing diabetes distress and knowing the support options.			



FOR OFFICE USE ONLY

Reason for patient’s referral for DSMES: New diagnosis or diabetes Change in treatment plan
 Recurring hypoglycemia Recurring hyperglycemia Other _____

Special needs or barriers requiring one-on-one DSMES or MNT referral:
 Vision Cognitive impairment Hearing Language limitation Other: _____

Clinician Assessment Summary

Assessment/Scale: 1= needs instruction 2= needs review 3= comprehends key points
 4= demonstrates understanding/competency NC= not covered N/A= not applicable

Topics Learning Objectives	Pre-Education Assessment Based on Pt interview / Education Plan	Comments
1- Diabetes Pathophysiology - Define diabetes and identify own type of diabetes; - List 3 options for treating diabetes		
2- Healthy Eating - Describe effect of type, amount and timing of food on blood glucose; - List 3 methods for planning meals		
3- Being Active - State effect of exercise on blood glucose levels		
4- Taking Medications - State effect of diabetes medicines on diabetes; - Name diabetes medication taking, action and side effects		
5- Monitoring Glucose - Identify recommended blood glucose targets and personal targets.		
6- Acute Complications - List symptoms and treatment of hyper- and hypoglycemia, DKA, sick day guidelines and guidelines for severe weather or situation crisis and diabetes supply management.		
7- Chronic Complications - Define the relationship of blood glucose levels to long term complications of diabetes and screening and preventative measures.		
8- Lifestyle and Healthy Coping - Describe lifestyle and healthy coping strategies to promote diabetes self- management.		
9- Diabetes Distress and Support - Recognize diabetes distress and be able to identify support options.		

Clinician Signature: _____