

Memorial Hermann Health System

Diabetes Self-Management Education: Initial Assessment

Name: _____ E-mail: _____

Best Phone Number to reach you _____

Height _____ Weight _____ # Recent weight changes? No Yes Explain: _____

Ethnicity: American Indian/Alaskan Native Asian/Chinese/Japanese/Korean/Pacific Islander White/Caucasian
 Black/African American Hispanic/Cuban/Chicano/Mexican/Puerto Rican Middle Eastern

Preferred learning style: Reading Hearing Seeing Doing Other _____

Special Learning Considerations: Hearing Impaired Visual Impairment Problems with speech
 Problems with reading Physical Disability

Please explain any Special Learning Considerations: _____

What type of diabetes do you have?

Pre-Diabetes Type 2 Type 1 Not sure Date/Year of Diagnosis? _____

Labs: A1C _____% Fasting Blood Sugar _____

Do you take **diabetes medication**? Please List.

_____ mg/units _____ times/day
_____ mg/units _____ times/day
_____ mg/units _____ times/day

Do you take other medications? Please list.

Do you ever skip your medications? No Yes Why? _____

Are you having any difficulty obtaining medications or diabetes supplies? No Yes Why? _____

Do you monitor your blood sugar? No Yes Target Blood Sugar _____ Blood sugar range ____ to ____

How often to you check: 1x/day 2 or more/day 1 or more/week occasionally

When: Before breakfast 2 hours after meals before each meal before bed Other: _____

In the past month, have you had a low blood sugar? No Yes Not sure

What are your symptoms? _____ How did you treat it? _____

In the past month, have you had a high blood sugar? No Yes Not Sure

What are your symptoms? _____ How did you treat it? _____

Are you? Single Married Divorced Widowed Number living in household: _____

From whom do you get support for your diabetes? Family Co-workers Healthcare providers Support Group
 Internet No one

Are you employed? No Yes If so, what is your occupation _____

Highest level of education: Grade/Middle school High school College Post Graduate

MEMORIAL
HERMANN

Diabetes Self-Management Education:
Initial Assessment



Memorial Hermann Health System

Diabetes Self-Management Education: Initial Assessment

CHRONIC COMPLICATIONS OF DIABETES *(Check diabetes complications that you have been told that you have)*

- Eye Disease (Retinopathy) Nerve Damage (Neuropathy) Kidney Disease (Nephropathy)
 Stroke Heart Attack Coronary Artery Disease
 Slow Digestion (Gastroparesis) Loss of Limb(s) (Amputation)
 Unable to detect low blood sugar (Hypoglycemia Unawareness)

Other medical conditions: High Cholesterol High Blood Pressure Depression

Other: _____

Check any of the following tests/procedures you have had in the past 12 months:

- Dilated eye exam Urine test for protein Foot exam Dental exam
 Blood pressure Cholesterol Flu shot

Performing Regular Foot Care? No Yes

Have you ever seen a dietitian? No Yes When? _____ Diabetes Educator? No Yes When? _____

How often do you see your doctor for diabetes (*check one*)? Every 3 months 4 months 6 months

12 months rarely

In the past 12 months, have you used emergency room services &/or been admitted to the hospital? No Yes

If so, was the visit diabetes related? No Yes

Do you smoke? No Yes Type of tobacco: _____ # of packs/day

Do you drink alcohol? No Yes Type of alcohol: _____ How much? _____ per _____

Do you have a meal plan for diabetes? No Yes Please describe: _____

Do you read and use food labels as a dietary guide? No Yes

Do you have dietary restrictions? No Yes If yes, Salt Fat Fluid Other: _____

Do you have any food allergies? No Yes Explain: _____

Do you drink sugared beverages? No Yes If yes, Soft Drinks Sports Drinks Fruit Juice Lemonade

Sweet Tea Other _____

Do you do your own food shopping? No Yes Do you cook your own meals? No Yes

How often do you eat out? Daily 1x/wk 2x/wk 1-2x/month Other: _____

In the last 12 months, I worried whether my food would run out before I got money to buy more: Often true Sometimes true

Never true Decline to answer

In the last 12 months, the food I bought just didn't last and I didn't have money to buy more: Often true Sometimes true

Never true Decline to answer

MEMORIAL
HERMANN

Diabetes Self-Management Education:
Initial Assessment



Memorial Hermann Health System

Diabetes Self-Management Education: Initial Assessment

Type of physical activity/exercise: None Walking Aerobics Running Swimming Strength training

Other: _____

How often? _____ times per _____ How long? _____ minutes

Do you have any restrictions or barriers to physical activity/exercise? No Yes

If yes, explain _____

Are there any cultural/religious/ethnic practices that need to be considered in your care? No Yes

If so, please describe? _____

Do you use computers: to email look for health information video conference

Please check whether you agree, are neutral or disagree:

I feel good about my general health: agree neutral disagree

My diabetes interferes with other aspects of my life: agree neutral disagree

I have some control over whether I get diabetes complications or not: agree neutral disagree

I struggle with making changes in my life to care for my diabetes: agree neutral disagree

My level of stress is high: agree neutral disagree

How do you handle stress? _____

What concerns you most about diabetes? _____

In your own words, what is diabetes? _____

What are your thoughts or feelings about having diabetes? _____

What are you most interested in learning from these sessions? _____

Females Only:

Are you? Pre-menopausal Menopausal Post-menopausal

Are you pregnant? No Yes Due date? _____ Planning pregnancy? No Yes When? _____

Have you been pregnant before? No Yes # of children _____ Ages? _____

Are you aware of the impact of pregnancy on diabetes? No Yes

Were you diagnosed with Gestational Diabetes during any pregnancy? No Yes

Are you using birth control? No Yes What are you taking? _____

Form completed by:

					AM PM
Patient / Guardian Signature	Print Name	Relationship to patient	Date	Time	

Form reviewed by:

					AM PM
Signature	Print Name	Title	Date	Time	



Diabetes Self-Management Education: Initial Assessment

