

# Diabetes History and Self-Management Checklist

**Patient Name:** \_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_

The patient is:    Male            Female

Patient age is: \_\_\_\_\_

## Patient Knowledge and Reinforcement Survey

- |   |                       |
|---|-----------------------|
| 1. "Do you know what your blood pressure should be?"<br><i>Top number (systolic) less than 130; bottom number (diastolic)<br/>less than 80</i>                                | Yes<br>No<br>Not sure |
| 2. "Do you know what your cholesterol numbers should be?"<br><i>LDL (bad) cholesterol less than 100; HDL (good cholesterol) more<br/>than 40; Triglycerides less than 150</i> | Yes<br>No<br>Not sure |
| 3. "Do you know what your Hemoglobin A1C (glycosylated<br>hemoglobin) number should be?"<br><i>Less than 7%</i>   | Yes<br>No<br>Not sure |

## Self-Management Survey

- |   |  |
|---|--|
| 4. "Do you smoke?"  | Yes<br>No  |
| 5. "How often do you check your blood sugar (glucose) at home?" | Twice a day or more<br>About once a day<br>A few times a week<br>Less than once a week<br>I don't have a home<br>glucose meter |

- |   |  |
|---|--|
| 6. "How often do you check your feet for corns, calluses and sores?"  | Daily or almost every day<br>A few times a week<br>Once a week<br>Twice a month<br>Monthly<br>Not at all |
| 7. "Do you take an aspirin tablet each day?"  | Yes<br>No  |
| 8. "Do you get a flu shot every year?"  | Yes<br>No  |
| 9. "Have you ever had the pneumonia vaccination?"   | Yes<br>No  |
| 10. "When was the last time you saw the eye doctor?" _____  |  |
| 11. "During a typical week, how many days do you get at least 30 minutes of physical activity that raises your heart rate?" | 1<br>2<br>3<br>4<br>5<br>6<br>7  |

**Social History**

- |  |           |
|--|-----------|
| 12. "Many people find it hard to follow a doctor's advice or take all their medications. Do you find this difficult too?"  | Yes<br>No |
| 13. "Some people have trouble affording their medications or getting to their appointments. Do you find this difficult too?"   | Yes<br>No |
| 14. "Some people have other medical problems that make it difficult to do all the right things to keep their heart healthy, such as eating a healthy diet, and exercising regularly. Has this been a problem for you too?" | Yes<br>No |
| 15. "Some people have emotional or mental health problems that make it difficult to follow the doctor's recommendations or take their medications. Has this been a problem for you?"                                       | Yes<br>No |

## Dietary History

16. "How many servings of fruits and vegetables do you eat in a typical day?"
- 1  
2  
3  
4
17. "Are you currently on a low salt (sodium restricted) diet?"
- Yes  
No
18. "Are you currently on a low fat (low cholesterol) diet?"
- Yes  
No
19. "Do you (or whoever buys your groceries) read the nutrition facts label on food items to decide whether or not to buy them?"
- Yes  
No