

Panhandle Health District
Diabetes Self-Management Education Program
PATIENT SELF-ASSESSMENT

Please bring this form with you to your initial appointment

Demographics

Name: _____

Date of Birth: _____

Occupation:

- Clerical Skilled Labor Student Retired Homemaker
- Professional/Managerial Other Labor Disabled Sales Unemployed
- Other

Education:

- Elementary School High School Degree College Degree Some High School
- Some College Post Graduate

Race/Ethnicity:

- American Indian or Alaska Native Hispanic/Latino/Mexican Asian/Chinese/Korean/Japanese
- White/Caucasian Black/African American Native Hawaiian or Pacific Islander
- Other

Marital Status:

- Single Widowed Divorced Married

Please answer the following questions:

Have you ever had diabetes education? No Yes If yes, when? _____/_____
MM / YEAR

Who supports your efforts to manage your diabetes?

- Spouse Mother/Father Children Friends Doctor
- Relatives Coworkers Nurse No one Other _____

Having diabetes makes me feel (check all that apply):

- Angry Scared Depressed Alone Frustrated
- Accepting Resigned Other _____

How do you learn best? Check all that apply:

- Listening Watching Hands on / Doing Reading/Visual
- Other (please specify) _____

Have you run out of food or money to buy food in the last 6 months? _____

What is your height? ____ ft ____ in **What is your current weight?** _____ lbs.

Answer the following questions using this scale: **0** - being not important and **10**-being very important

Visit #	Initial Visit	Final Visit
How important is it that you can be physically active?		
How important is it that you can follow an eating plan that is healthy?		
How important is it that you can tell which foods are carbohydrates?		
If you are taking medicine – how important is it that you can take your medications as prescribed?		
If you are taking medicine – how important is it that you know about your diabetes medicine and its effects?		
How important is it that you monitor your blood sugar at least once a day?		
How important is it that you can check your blood sugars correctly?		
How important is it that you can notice and then do the right things for a low blood sugar?		
How important is it that you can problem solve when being faced with everyday and/or challenging decisions?		
How important is it that you can help yourself or know when and how to seek help when you are faced with stress, emotional or family problems?		
How important is it that you can work with your doctor to get regular exams?		
How important is it that you can check your feet for problems and take care of them properly?		
How important is it that you can find diabetes information and support when you need it?		

Answer the following questions using a typical week. **Use number 0 (for no days) – 7 (for all days)**

Visit #	Initial Visit	Final Visit
How many days are you able to be physically active?		
How many days are you able to follow a healthy eating plan?		
How many days have you missed taking your medications as recommended?		
How many days are you able to monitor your blood sugar at least once a day?		
How many days would you say you have done problem solving for everyday and/or challenging decisions?		
How many days are you able to cope in a healthy way when faced with stress or emotional problems?		

Reducing Risks

How important is it to you to have the following done? **0**-being not important, **10**- being very important
N/A for not applicable

Visit #	Initial Visit	Final Visit
Get help to stop smoking (smokers only)		
Have a dilated eye exam		
Have your feet checked by a medical provider		
See a dentist		
Get a flu and pneumonia vaccination		
Get your blood pressure checked		
Get your cholesterol and triglycerides checked		
Get your A1c checked		

Do you have any cultural factors that may make it more difficult for you to control your diabetes?
 No Yes If yes, please state what these are:

Do you have trouble paying for your medications or medical provider visits?
 No Yes If yes, please explain here:

Individual Education Plan:

Would you like help with any of the following things (check all that apply)?

- Increase blood sugar monitoring
- Manage my depression
- Understand my diabetes
- Giving myself injections correctly
- Increasing exercise/physical activity
- Communicate better with my doctor
- Eating healthier/following a meal plan
- Treat complications from diabetes (like foot pain, poor vision, & low energy)
- Set achievable weight loss goal
- Increase support from family and/or friends

Goal Setting:

Living with diabetes means you may need to make some changes. What changes, if any, would you like to make *today*?

- Improve blood sugar monitoring
- Reduce risks of diabetes complications
- Increase my physical activity level
- Change the way I live with diabetes
- Problem solving for blood sugars or sick days
- Improve my eating habits
- Not making changes
- Improve taking my medications