

Beaumont

ADULT DIABETES ASSESSMENT

GENERAL INFORMATION

NAME

DATE

ADDRESS (street, city, zip code)

BIRTHDATE

AGE

PREFERRED PHONE NUMBER (include area code)

Home Cell or ()

EMAIL

RACE

Black/African American White Hispanic Asian Native American Other

MARITAL STATUS

Married Divorced Widowed Single

What is your occupation

Sit Days Afternoons Mornings

Highest level of education completed

Grade School High School

DIABETES KNOWLEDGE con

t re s o di etes o ld yo li e to le rn ore o t (c ec ll t t pply)

- | | |
|---|--|
| <input type="checkbox"/> Di etes o er ie | <input type="checkbox"/> P ysic l cti ity ĩ p ct on lood l cose le els |
| <input type="checkbox"/> Medic tions | <input type="checkbox"/> Be ĩ or c n es` o l settin |
| <input type="checkbox"/> Monitorin o lood l cose | <input type="checkbox"/> Psyc osoci l d•st ent |
| <input type="checkbox"/> Me l pl nnin ñ trition | <input type="checkbox"/> Ac te nd c ronic co plic tions |
| <input type="checkbox"/> Ins lin P p t er py`
contin o s l cose onitorin | (pre ent,detect,tre t ent) |

t ot er in or tion o ld yo li e to e to elp yo n e yo r di etes

MEDIATIONS

Ple se list ll yo r edic tions incl din o er t e co nter, er l prep r tions, it ĩ ns, nd ot er s pple ents

M ĩ cĩ on Nĩ	Do Tĩ Tĩ n	M ĩ cĩ on Nĩ	Do Tĩ Tĩ n

Are yo ller ic to ny edic tions es No l yes, ple se list

MONITORING

Do yo test yo r lood l cose es No Ho o ten N e o eter

A er e res lts (t er n e ro lo to ĩ) Do yo eep record o yo r res lts es No

NUTRITION

Hei t ei t Go l ei t

H e yo d recent ei t c n e No G ined ost

Ho c ĩ ned or lost po nds in t e p st ont s

s t is e pected es No

Do yo e ny o t e ollo in pro le s ood ller ies re ent di rr e onstip tion

Re l Tro le c e in š llo in Ot er

H e yo e er ollo ed speci l diet es No l yes, ple se descri e

it in t e l st ont s e yo orried t t yo r ood o ld r n o t e ore yo d t e oney to y ore

O ten tr e So eti es tr e Ne er tr e

Ho o ten do yo e t o t in rest r nts or e t st ood t e o t

t type o rest r nts

NUTRITION con

Do you sip eels (c e c l l t t p p l y) Bre st nc Dinner Sn c s
 Ho ny er e ser in s do yo e t per d y o t e ollo in r it e et les
 ole r ins e es D ury Protein` e t
 Ho o ten do yo drin lco olic e er es D ily ee ly Mont ly Ne er
 ic type ine Beer Mi ed lco olic drin s Ot er
 ist e l nd sn c ti es nd typic l e ls incl din e er es (li e il nd •rice) t t yo i t e

Ti e Bre st

Ti e nc

Ti e Dinner

Ti e Sn c s

EXERCISE

Do you exercise es No I yes, please describe below

TYPE	HOW OFTEN	HOW LONG

Is your exercise`ctivity limited by e lt pro les es No

I yes, o

How often do you experience hypoglycemia when you exercise

POGLUCOSE REACTIONS Low blood glucose

How often do you experience hypoglycemia es No How often

How do you treat hypoglycemia es No How often

Do you like lone Or it

Does your family`significantly not or no to treat hypoglycemia es No

Do you e l c on t o e es No Do you carry diabetes identification es No

I yes, t ind rd Br celet Nec l ce Ot er

HEALTH HABITS

Do you s o e or se ny type o to cco prod cts es No

I yes, o ny ci rettes (or ot er prod cts) per d y

Do you se nicotine pin prod cts es No I yes, re ency

EALT ABITS con

Do you currently see any recreation leaders Yes No

If yes, what kind of recreation leaders do you see? How often