



**Diabetes Self-Management Health Assessment**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** Home (\_\_\_\_) \_\_\_\_\_ **Mobile:** (\_\_\_\_) \_\_\_\_\_ **Gender:**  F  M

**Ethnic Background:**  White/Caucasian  Black/A-A  Hispanic  
 Native American  Middle-Eastern  Asian

**Measurements**

**Height?** \_\_\_\_\_ **Current Weight?** \_\_\_\_\_

**Diabetes History**

**Diabetes type?**  type 1  type 2  Prediabetes  Gestational  I don't know  Other \_\_\_\_\_

**In your own words, what is diabetes?** \_\_\_\_\_

**When were you first diagnosed with diabetes?** \_\_\_\_\_

**Recent A1C result?** \_\_\_\_\_ **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

**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 YES, please check all that apply below)

Metformin (Glucophage) dose: \_\_\_\_\_ when \_\_\_\_\_

Glipizide dose: \_\_\_\_\_ when \_\_\_\_\_

Sitagliptin (Januvia) dose: \_\_\_\_\_ when \_\_\_\_\_

**Other diabetes medications name(s) & dose:** \_\_\_\_\_

Insulin name \_\_\_\_\_ units \_\_\_\_\_ when \_\_\_\_\_

Insulin name \_\_\_\_\_ units \_\_\_\_\_ 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 manage 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 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  None

**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? Mark all that apply.

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? \_\_\_\_\_

Do you have a sick day and emergency preparedness plan in place for your diabetes



management?  Yes  No

**Continue**

**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
<b>1- Diabetes Disease Process</b> - Defining diabetes, identifying own type of diabetes, and understanding what caused you to develop diabetes; - Knowing at least 3 options for treating your diabetes.			
<b>2- Healthy Eating</b> - Describing the effect of type, amount and timing of food on your blood sugar - Knowing 3 methods for planning your meals			
<b>3- Being Active</b> - Understanding the effect of physical activity on your blood sugar levels			
<b>4- Taking Medications</b> - Understanding how the medicines you take work and their side effects;			
<b>5- Monitoring Glucose</b> - Understanding the recommended blood sugar and A1C targets.			
<b>6- Short-term Diabetes Complications</b> - 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.			
<b>7- Long-term Diabetes Complications</b> - 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.			
<b>8- Lifestyle Management of Diabetes</b> - Understanding lifestyle and healthy coping strategies to manage your diabetes.			
<b>9- Diabetes Distress and Support</b> - Recognizing diabetes distress and knowing the support options.			



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



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**Clinician Signature:** \_\_\_\_\_