

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have Medicare insurance?  No  Yes - have you previously attended a diabetes class while on Medicare?  Yes  No

**Diabetes Duration** Year/Age of Diabetes Diagnosis: \_\_\_\_\_

**Related Clinical History** (check all conditions that you have)

Kidney problem  Eye problem from diabetes  Neuropathy  Heart disease  
 prior stroke  poor circulation  carotid artery blockage  high cholesterol  Hypertension

**Monitoring blood sugar:** Do you check your blood sugars?  No  Yes **How often?** Please circle or check 0 1 2 3 4 or \_\_\_\_\_ times a day Blood sugar range: \_\_\_\_\_  
 using a CGM, what is your usual blood sugar time in range  Don't know

**Medications: Circle or check all diabetes meds that you are currently taking**  None

Pills: Actos Cycloset Fortamet Farxiga Glumetza Glipizide (Glucotrol) Glimepiride  
 Glyburide Invokana Januvia Jardiance Metformin (Glucophage) Onglyza Prandin  
 Precose (Acarbose) Rybelsus Starlix Tradjenta Welchol Nesina

Combinations: Duetact Glyburide/Metformin (Glucovance) Glyxambi (Jardiance / Tradjenta)  
 Janumet Juvisync Jentadueto

Kombiglyze Kazano Synjardy

Insulin: Admelog Afrezza Apidra Basaglar Fiasp Humalog Lantus Levemir Lymujev  
 Novolog NPH Reg (R) Toujeo Tresiba

**Insulin Mixes:** 70/30 Mix 75/25 Mix 50/50 Mix

Other injectables: Byetta Bydureon Ozempic Saxenda Soliqua Symlin Trulicity Xultrophy  
 Victoza Wegovy Monjauro

Device using: insulin pump Inpen V-Go Device CeQur Simplicity

Other Diabetes meds not listed: \_\_\_\_\_

Do you take your diabetes medication as prescribed by your doctor?  Yes  No  N/A

**Preventing, detecting and treating chronic complications:**

Are you checking your feet often for any discoloration, redness, swelling or injury?  Yes  No

Please check the following tests done within the past year:  ECG  Carotid US  Leg ultrasound

**Preventing, detecting and treating acute complications:**

How do you treat your low blood sugar? \_\_\_\_\_

Have you had a blood sugar level below 55 within the past month?  No  Yes

If yes, check if  911 called  went to the ER  hospitalized  self-treated

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### Healthy Eating

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

Which meals do you usually eat?  Breakfast  Brunch  Lunch  Dinner  night snacks

Who does the grocery shopping? \_\_\_\_\_ Cooking? \_\_\_\_\_

How many times a week do you eat out?  Fast food \_\_\_\_\_ times  Restaurant \_\_\_\_\_ times

**Physical Activity level:**  **inactive** (house work only)  **insufficiently active** (less than 150 minutes a week)

**active** (150 – 300 minutes a week)  **highly active** (more than 300 minutes a week)

**What type of physical activity do you do?**  Gym \_\_\_\_\_

### Lifestyle and Healthy Coping

Are you carrying a form of diabetes identification?  No  Yes If so, what kind?

bracelet  chain  necklace  wallet card  noted on Driver's license  tattoo

other \_\_\_\_\_

Are you able to afford your diabetes medications?  Yes  No

Are you financially able to afford eating healthy?  Yes  No

Are there any cultural beliefs that affect your managing your diabetes?  No  Yes, please explain if able to do so \_\_\_\_\_

### Diabetes Distress and Support

I feel good about my general health:  agree  neutral  disagree

How would you rate your stress level: 1-10 (10 is highest stress level) \_\_\_\_\_

From whom do you get support for your diabetes?  Family  \_\_\_\_\_

### Health Literacy

What is the last grade of school you have completed?

High School  College  Undergraduate  Post Graduate  Technical school/college

Check any barriers to Learning:  Poor vision  Hearing loss  Poor memory  problem understanding  Language barrier  difficulty reading  None

### Check any areas you would like to learn at your diabetes session?

more about Diabetes  What to eat and not eat  Physical Activity I can do  taking my Medications properly  Monitoring and/or CGM info  Preventing low blood sugars  treating high sugars  smoking cessation info  stress management / coping  all areas  other: \_\_\_\_\_

Are you willing to make changes you in your lifestyle to improve your health?  Yes  No

### Other interests:

Would you like to be invited to sit on our local Diabetes Advisory Board?  Yes  No

Would you like to learn more about ongoing diabetes clinical trials for which you may be eligible to participate?  Yes  No