

NEW DIABETES EDUCATION PATIENT INFORMATION

Social/Lifestyle/Quality of Life

Are you pregnant or plan to become pregnant? Yes No Do you smoke? Yes No

Employment factors you have that might impact your diabetes self-care (Check all that apply)

- | | |
|---|---|
| Variable/Rotating Shifts | Sedentary job |
| Unpredictable Meal Breaks/
physical activity | Nowhere to keep diabetes
testing/medication supplies |
| Unsupportive supervisor | Other: _____ |

Can you describe what diabetes is:
No Yes, explain:

Other factors that might impact your diabetes self-care

- | | | |
|--|---------------------|-------------------------------------|
| None | Lack of Motivation | Diabetes Burnout |
| Relationship conflicts or lack of
support | Other health issues | Diabetes Regimen too complicated |
| Hectic schedule | Financial Concerns | Confusion about my diabetes regimen |
| Cultural/Religion practice | Depression/Anxiety | Lack of knowledge |
| | Stress | |



Have you had instructions on managing your diabetes or diabetes education in the past?

No
Yes/Location

Any hearing, eyesight, reading issues or language barriers that impact your learning

Yes No

Please explain: _____

How confident are you in managing your diabetes on a scale from 1 (not confident) to 10 (totally confident)? _____

Why: _____

How do you like to learn new things? (check all that apply)

- Reading
- Lectures/Classes
- Using the Internet
- Watching Videos/ TV
- Individual / demonstrations

Nutrition, Activity, and Medical History

Current Height: _____ Current Weight: _____ Weight changes in the past year? _____

What food planning methods have you followed in the past? (check all that apply)

- | | | |
|-----------------------|----------------|-----------------------------------|
| Calorie counting | No added sugar | Weight Watchers |
| Carbohydrate Counting | Low Carb | Paleo |
| Low Fat | South Beach | Other: _____ |
| Exchange Lists | Low Sodium | Food Allergy/Cultural restriction |

What method of food planning are you using now?

How many times per week do you eat out? (including beverages)

0 1-2 3-4 >4

Do you cook your own meals? Yes No

Please explain: _____



