UW Medicine
VALLEY
MEDICAL CENTER

Diabetes Education & Nutrition Clinic

INITIAL DIABETES ASSESSMENT

Name: _____ ☐ Male ☐ Female Date: _____

Medical and Diabetes History

When were you diagnosed with diabetes? _____

What type of diabetes do you have? ☐ Type 1 ☐ Type 2 ☐ Unsure

Are you currently testing your blood sugar? ☐ Yes ☐ No
If yes, meter brand _____ Frequency of testing: _____

Have you had diabetes education in the past? ☐ Yes ☐ No If so, where and when: _____

_____

What is your main concern about having diabetes? _____

_____

Do you have: ☐ high cholesterol ☐ heart disease ☐ high blood pressure

Do you check your blood pressure at home? ☐ Yes ☐ No
Last blood pressure:_____ (at home or doctor's office)

Do you have problems with your feet? ☐ Yes ☐ No If yes, briefly describe: _____

_____

Other pertinent medical history: _____

_____

Current Medication and Lab Values

Diabetes medications: Include dose and when taken: _____

_____

Other medications (high blood pressure, high cholesterol, nerve damage, or kidney problems): _____

_____

Last Glucose: Date _____ A1C Results _____

Total Cholesterol: _____ LDL: _____ HDL: _____ Triglycerides (TG): _____

Additional information

Do you have any physical limitations or conditions (vision, physical, difficulty hearing) that may affect your ability to learn how to manage your diabetes? ☐ Yes ☐ No If yes, please describe: _____

_____

Do you have any cultural or religious concerns over managing your diabetes (examples: times of fasting, traditional foods) ☐ Yes ☐ No If yes please describe: _____

_____

Last grade completed in school: _____

Who is a primary person who might be an emotional support for you in dealing with diabetes?

_____

Do you have any financial concerns related to your diabetes maintenance (for example, obtaining medications and/or monitoring supplies)? ☐ Yes ☐ No If yes, please describe: _____

_____

Do you drink alcohol? ☐ Yes ☐ No If yes, how much and how often? _____

Do you smoke? ☐ Yes ☐ No If yes, how much and how often? _____

Weight:
Height: _____ Current Weight: _____ What is your most comfortable body weight?: _____

Nutrition:
Do you take an active role in food shopping and preparation? ☐ Yes ☐ No

How many meals per week do you eat out? _____ Where?: _____

What is your main concern about your diet? _____

Rate the overall quality of your diet on the scale below

1	2	3	4	5
High fat, high sodium, high sugar intake				High fruits, vegetables, whole grains, lean meats

What is your main concern about diet and diabetes control? _____

_____

Exercise:
Do you exercise? ☐ Yes ☐ No What form(s) of exercise? _____

How many days per week? _____ How many minutes on these days? _____

If you are not yet active, what do you consider your main challenge in getting physical activity incorporated into your daily schedule? _____

Pre Class Knowledge Assessment

Please answer the following to the best of your ability by marking the appropriate circle(s). This information is for your educator(s) to assess your personal learning needs and knowledge about diabetes prior to education. Don't worry if you are unsure of the answers.

1. Which of the following foods contain ***15 grams of carbohydrates***? *(Check all that apply)*
   ❍ 1 oz cheese ❍ 8 ounces milk ❍ 1 small apple ❍ 1 cup cooked rice
   ❍ 2 TBS peanut butter ❍ 3 ounces chicken ❍ 1 ounce slice of whole wheat bread
   ❍ 1 cup watermelon

2. Physical activity typically lowers blood sugar. ❍ True ❍ False

3. Taking insulin can cause nerve damage, kidney damage, or blindness. ❍ True ❍ False

4. Target blood sugar **2 hours after a meal**: American Diabetes Association Guidelines:
   ❍ less than 80 ❍ less than 140 ❍ less than 200

5. Diabetes related complications are going to happen, regardless of blood sugar control.
   ❍ True ❍ False

6. For most people with newly diagnosed diabetes lifestyle changes have to be extreme for these changes to have a positive impact on blood sugar level. ❍ True ❍ False

7. Stress can affect blood sugar level. ❍ True ❍ False

8. For females of childbearing age only: Preconception care and planning is very important for a good pregnancy outcome. ❍ True ❍ False

9. Hypoglycemia (low blood sugar) is defined as:
   ❍ blood sugar less than 180 ❍ blood sugar less than 120 ❍ blood sugar less than 70

For Staff Use:

Education and follow-up plan: (based on individual interview and medical history form)

☐ Patient appropriate for group education ☐ Patient best served with individual education

☐ Other: _____

Outcomes Evaluation: All participants contacted six months after education with follow-up survey.

Patient attended last class in series or scheduled individual follow up? ☐ Yes ☐ No *(If no, then educator unable to evaluate)*

Self management goals meet most of the time? ☐ Yes ☐ No

Comments: _____

_____

_____

_____ _____

Diabetes Educator Signature Date