

Print Name: _____

Please circle: Pre-diabetic / Diabetic

Pre-diabetes/Diabetes Survey

The following statements describe self-care activities related to your diabetes. This applies to the last 4 weeks of your individual self-care.

Yes, almost
100% of the
time

Sometime more
than 50% of the
time

Every once
in a while

Does not
apply to
me

1. I check my blood sugar levels as recommended.

3

2

1

0

2. I have the supplies I need (glucometer, Lancets, BP machine, etc).

3

2

1

0

3. The food I choose to eat makes it easy to achieve optimal blood sugar levels.

3

2

1

0

4. I keep all doctors' appointments recommended for my diabetes treatment.

3

2

1

0

5. I take my diabetes medication as prescribed.

3

2

1

0

The following statements describe self-care activities related to your diabetes. This applies to the last 4 weeks of your individual self-care.

Yes, almost 100% of the time **Sometime more than 50% of the time** **Every once in a while** **Does not apply to me**

6. I eat lots of sweets or other foods rich in carbohydrates. 3 2 1 0

7. I record my blood sugar levels regularly. 3 2 1 0

8. I tend to avoid diabetes-related doctors' appointments. 3 2 1 0

9. I do regular physical activity. 3 2 1 0

10. I strictly follow the dietary recommendations. 3 2 1 0

11. I know what my last A1c and cholesterol levels are. 3 2 1 0

12. I avoid physical activity. 3 2 1 0

The following statements describe self-care activities related to your diabetes. This applies to the last 4 weeks of your individual self-care.

13. I tend to forget to take or skip my diabetes medication.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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14. I tend to binge eat (one or two really big meals).	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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15. I know what pre-diabetes / diabetes are and how to manage it.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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16. I tend to skip planned physical activity.	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
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Please circle yes or no to the following questions:

- | | | |
|---|-----|----|
| 1. I have taken a diabetic education class ion the past year. | Yes | No |
| 2. I have had a diabetic foot exam in the past year. | Yes | No |
| 3. I have had a diabetic eye exam in the past year. | Yes | No |

Please provide us with any and all other information:
