

## Diabetes Questionnaire

1. How old were you when you were diagnosed with diabetes? \_\_\_\_\_

2. Have you ever been hospitalized for uncontrolled blood sugars?  
If yes, when? \_\_\_\_\_

3. Do you check your blood sugar at home?  
If yes, how often? \_\_\_\_\_  
What is the name of your meter? \_\_\_\_\_

4. Do you experience low blood sugar reactions?  
If yes, how often? \_\_\_\_\_

5. Do you get regular eye exams?  
If yes, date of last exam: \_\_\_\_\_  
Name of eye doctor: \_\_\_\_\_  
Have you ever been told you had "diabetic eye diseases? (retinopathy)  
Have you ever had eye surgery?

6. Have you ever been told you have protein in your urine?

7. Have you ever been told you had kidney disease because of your diabetes?

8. Do you have problems with your feet?  
If yes, please explain: \_\_\_\_\_  
Do you see a foot doctor on a regular basis?  
If yes, please list name of doctor and last visit: \_\_\_\_\_

9. Do you have a medical alert bracelet indicating that you have diabetes?  
Do you wear it?

10. Do you see the dentist on a regular basis?  
When was your last visit? \_\_\_\_\_

11. Have you attended Diabetes Education classes?  
If yes, when and where did you attend? \_\_\_\_\_

12. List an example of a typical breakfast, lunch and dinner:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. Do you snack between meals?  
If yes, what type of foods? \_\_\_\_\_

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_