

Date: _____
Patient Name: _____
MRN: _____ DOB: _____

DIABETES SELF-MANAGEMENT QUESTIONNAIRE

The purpose of this questionnaire is to understand how you are currently managing your diabetes and how we can help you manage your diabetes better.

I. Dietary Habits (check all that apply)

1 I eat one of the following: white bread, pasta, rice, potatoes (#) _____ days per week.

2 I drink fruit juice. If so, describe how much and how often _____.

3 I eat complex carbohydrates like bran and whole wheat bread (#) _____ times a day

4 I eat 5 servings fruits and vegetables on most days. .

5 I eat/drink sweets (desserts, regular soda, candy bar, etc.). How often? _____.

6 I eat foods high in saturated fat (fried foods, butter, full fat dairy). _____.

7 A good weight for me would be _____.

II. Exercise Habits (check all that apply)

1 Nothing

2 Walking

3 Jogging

4 Swimming

5 Bicycling

6 Aerobics

7 Other _____

Number of exercise sessions per week? ____ Number of minutes per session? ____

Level of intensity during an exercise session? (select one)

- 1 Low
- 2 Moderate
- 3 High
- 4 Unsure

III. How are you feeling? (select one number in the box)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

0 1 2 3
Not at all Several days More than half the days Nearly every day

Feeling down, depressed, or hopeless

0 1 2 3
Not at all Several days More than half the days Nearly every day

IV. Concerns:

What concerns you most about managing your diabetes?

V. Medication Use: How many times in the past week did you miss a dose of one or more of your

~~diabetes medications~~ diabetes medications

- Never miss a dose
- Once or twice a week
- Three or four times a week
- Five or more times a week

VI. Blood Sugar Testing: Do you test your blood sugar? (Check one box)

No Yes - If Yes, how many times a day? _____.

VII. Diabetes Education: When was the last time you met with a diabetes educator or took a diabetes education class?

VIII. Diabetes Goals What are your goals related to managing/living with your diabetes?

Diet goals:

Exercise goals:

Medication:

Other goals: