HEALTHTEXAS PROVIDER NETWORK
Affiliated with Baylor Health Care System

Diabetes Health Form

To be completed for FIRST VISIT Prior to seen CDE

Your Preferred Name: DOB:

Please give an example of a typical meal and snacks

Breakfast (*Time*):_____	**Lunch (*Time*):**_____	**Evening (*Time*):**_____
AM Snack (*Time*):_____	**PM Snack (*Time*):** _____	**Bedtime Snack (*Time*):**_____

How often do you eat your meal at same time each day?

❒75-100% ❒50-75% ❒25-50% ❒0-25%

Living arrangement

❒ Live alone ❒ Live with friends
❒ Live with spouse/children ❒ Live with parents
Who cooks at home?_____

Do you usually skip meals?

❒ No
❒ Yes __Breakfast __Lunch __Dinner(supper)
Reason for skipping_____

What time do you usually
Wake up :_____
Go to sleep: _____
Do you sleep well at night? ❒ Yes ❒ No

Your usual work schedule

❒ Constant ❒ Full time
❒ First shift ❒ Part time
❒ Second shift ❒ Unemployeed/housewife
❒ Night shift ❒ Disabled
❒ Varies:_____ ❒ Retired

How often do you eat out?

❒ 1-2 times a week
❒ 3-4 times a week
❒ 5-7 times a week
❒ Occasional
❒ Rare

Type of setting for eating out

❒ Cafeteria style
❒ Fast food
❒ Buffet
❒ Sit-down restaurant
❒ Others:_____

Type of beverages drink daily and how much?

❒ Water ❒ Others:_____
❒ Unsweetened tea
❒ Diet soda
❒ Coffee
❒ Juice
❒ Milk

Drink alcoholic beverages?

❒ Never
❒ Socially
❒ Less than 1 daily
❒ 1-2 drinks daily
❒ 3 or more daily

What makes it hard for you to eat healthy?

❒ Work or school ❒ Nothing
❒ No family support ❒ I don't know how
❒ Money problems ❒ I am not interested

Issues affecting food intake?

❒None ❒Emotional /stress eating
❒Food cravings ❒Vegetarian
❒Nausea/Vomiting ❒Food allergy
❒Food preparation issues ❒Other_____

Food Personalities

❒ Chocolate/sweets/chips Lover ❒ Always hungry
❒ Grazer (snacking all the time!) ❒ Eats large portion
❒ Carboholic (carb lover) ❒ Never had a problem
❒ Meat and potatoes
❒ Chronic Dieter
❒ Skimp and Binge(skip and eat little during the day, then binge on 1 or 2 meals/snacks because of hunger

Lifestyle Personalities

❒ Restaurant Eater
❒ Work Dictates Diet
❒ Microwaver
❒ Home with the kids (and their Junk food!)
❒ Always Cooking (for everyone else!)
❒ Late-Night Eater
❒ Erratic eating schedule
❒ Late riser

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How active are you at home/work during the day?
- ❒ Sitting most of the time (Very sedentary)
- ❒ Up and active at work and home (Somewhat sedentary)
- ❒ Doing projects at home (Moderately active)
- ❒ Work labor intensive job (Very active)

What do you do for exercise or physical activity?
- ❒ Nothing
- ❒ Run
- ❒ Weight lifting
- ❒ Brisk walking
- ❒ Other _____

How regular is your exercise?
- ❒ Exercise daily
- ❒ Exercise 4-5 times a week
- ❒ Exercise 1-3 times a week
- ❒ Exercise randomly
- ❒ Exercise rarely
- ❒ No exercise

What gets in the way of exercising?
- ❒ Nothing
- ❒ No time
- ❒ Pain
- ❒ Do not know how to exercise
- ❒ Do not know where to exercise
- ❒ Do not want to exercise

Do you currently have a glucose meter to monitor your blood sugar?
- ❒ Yes
- ❒ No

How often do you monitor your blood glucose level?
- ❒ Daily
- ❒ 2-3 times a week
- ❒ Once a week
- ❒ Random
- ❒ Rarely
- ❒ none

What makes it hard for you to check your blood sugar?
- ❒ Nothing
- ❒ Can't remember
- ❒ Cost of strips
- ❒ Too many time to test
- ❒ Don't need too

What are your current blood glucose ranges?
- ❒ Fasting BG:_____
- ❒ Pre-meal BG:_____
- ❒ Post-meal BG:_____
- ❒ Bedtime BG: _____

Any low BG: ❒ Yes ❒ No

Are you currently taking any diabetes medication?
❒ Yes ❒ No

How often did you miss taking your diabetes medicine?
- ❒ Never
- ❒ Rarely
- ❒ Sometimes
- ❒ Frequently

What makes it hard for you to take your diabetes medicines?
- ❒ Nothing
- ❒ Can't remember
- ❒ Cost of medicines
- ❒ Dose is too high
- ❒ Too many pills and/or injections
- ❒ Don't want the side effects

How would you rate your current stress level?
- ❒ Low
- ❒ Medium
- ❒ High
- ❒ Very high

How would you describe your overall emotional state?
- ❒ Anger
- ❒ Bored
- ❒ Depressed
- ❒ Deprived
- ❒ Hopeless
- ❒ Lonely
- ❒ Tired
- ❒ Worried
- ❒ None of those

Please turn page over to answer questions on the back!

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How long have you had diabetes?
- ❒ New diagnosis
- ❒ 1-5 years
- ❒ 6-10 years
- ❒ 11-15 years
- ❒ >15 years

Have you had diabetes education in the past?
- ❒ No
- ❒ Yes, When? _____

Rate your knowledge of diabetes.
- ❒ Good
- ❒ Fair
- ❒ Poor

What is most important for you to LEARN about to help you take care of your diabetes?
- ❒ Healthy eating
- ❒ Being active
- ❒ Taking medications as directed
- ❒ Monitoring my blood glucose
- ❒ Reducing Risks
- ❒ Problem-Solving
- ❒ Healthy Coping
- ❒ Other:

Do you have any problems learning new things?
- ❒ No
- ❒ Yes: __Vision __Hearing _Memory __Language __Reading is hard Other:_____

How do you feel about having diabetes?
- ❒ Accepting
- ❒ Adjusting
- ❒ Angry
- ❒ Denial
- ❒ Fear
- ❒ Confused
- ❒ Sad

What gets in the way of taking care of your diabetes?
- ❒ Nothing
- ❒ No family support
- ❒ Work or school
- ❒ Money problems
- ❒ I don't know how
- ❒ I am not interested

For Women Only: Have you had gestational diabetes?
- ❒ Yes
- ❒ No
- ❒ Not sure

Primary Support Person
- ❒ Self
- ❒ Spouse
- ❒ Family
- ❒ Significant other
- ❒ No one
- ❒ Other

My goal until my next visit is to work on:
- ❒ Healthy eating
- ❒ Being active
- ❒ Taking medications as directed
- ❒ Monitoring my blood glucose
- ❒ Reducing Risks
- ❒ Problem-Solving
- ❒ Healthy Coping
- ❒ Other: _____

The steps I will take to work on this goal:

The things that could make it hard for me to achieve this goal:

What I will need to reach my goal: