

## DIABETES HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_

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

The following statements describe self-care activities related to your diabetes. Thinking about your self-care over the last 3 months, please specify the extent to which each statement applies to you.

**3** - Applies to me all of the time      **2** - Applies to me most of the time      **1** - Applies to me occasionally      **0** - Does not apply to me

|   |   |
|---|---|
| I have someone who supports my efforts to make the changes necessary to control my blood sugars                       | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I check my blood sugar levels daily   | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I keep all of my doctor's appointments recommended for my diabetes treatment  | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I take my diabetes medication as prescribed   | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| Occasionally I eat sweets or large servings of high carbohydrate foods  | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I do regular physical activity (outside of work responsibilities) to help achieve optimal health benefits             | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I am sure I can maintain my individual meal plan most days of the week  | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I avoid physical activity, even though I know it would improve my health  | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I tend to forget to take, or skip, my diabetes medication   | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I regularly check my feet   | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I get my eyes checked every year  | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I go to the dentist every six months to have my teeth cleaned and checked   | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I think I am capable of following the planned treatment for diabetes, even when there are changes in my daily routine | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |
| I follow my meal plan to help keep my blood sugar under control   | <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> 0 |

How confident are you in doing certain activities? For each of the following questions, please choose the number that best describes how you feel at this time.

|  |                      |                |
|--|----------------------|----------------|
| 1. Using your glucose meter to check your blood sugar levels?                                    | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 2. Knowing how you feel when your blood sugar is too low?  | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 3. Treating your blood sugar when it gets too low?   | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 4. Knowing how you feel when your blood sugar is too high?                                       | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 5. Knowing what blood sugar level is considered high enough that you should contact your doctor? | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 6. Controlling your diabetes so that it does not interfere with the things you want to do?       | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 7. Healthy eating and meal planning to prevent an after meal spike of your blood sugar level?    | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 8. Reading and understanding your blood sugar levels?  | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 9. Reading and understanding your prescription medication instructions?                          | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 10. Doing everything you can to reduce your risk of diabetes complications?                      | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |
| 11. Feeling that you can exercise 15-30 minutes, 3-5 times per week?                             | Not at all Confident | Very Confident |
|  | 1 2 3 4 5 6          | 7 8 9 10       |

Diabetic Record

