

For Better Practice: Diabetes History and Self-Management Checklist

A diabetes care team member should ask a patient with diabetes the questions below and check off his or her responses. Patient education can be reinforced by providing information about goals, as needed.

Patient Name: _____

Medical Record Number: _____

The patient is: Male
 Female

Patient age is: _____

Patient Knowledge and Reinforcement Survey:

1. "Do you know what your blood pressure should be?"
*Usual goal: Top number (systolic) <130–135;
bottom number (diastolic) <80*
 Yes
 No
 Not sure
2. "Do you know what your cholesterol numbers should be?"
*Usual goal: LDL (bad) cholesterol <100; HDL (good)
cholesterol >40 (men) or >50 (women); triglycerides
<150. With CV risk factors, consider LDL <70.*
 Yes
 No
 Not sure
3. "Do you know what your hemoglobin A1C number should be?"
Usual goal: Less than 7%
 Yes
 No
 Not sure

Self-Management Survey:

4. "Do you smoke?"
 Yes
 No
5. "How often do you check your blood sugar (glucose) at home?"
 Twice a day or more
 About once a day
 A few times a week
 Less than once a week
 I don't have a home glucose meter
6. "How often do you check your feet for corns, calluses, and sores?"
 Daily or almost every day
 A few times a week
 Once a week
 Twice a month
 Monthly
 Not at all
7. "Do you take an aspirin tablet each day?"
 Yes
 No

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8. "Do you get a flu shot every year?" Yes

No

9. "Have you ever had the pneumonia vaccination?" Yes

No

10. "When was the last time you saw the eye doctor?"

11. "During a typical week, how many days do you perform at least 30 minutes of physical activity that raises your heart rate?" 1 5

2 6

3 7

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Social History

12. "Many people find it hard to follow a doctor's advice or take all of their medications. Do you find this difficult?" Yes

No

13. "Some people have trouble affording their medications or getting to their appointments. Do you find this difficult?" Yes

No

14. "Some people have other medical problems that make it difficult to do all the right things to keep their heart healthy, such as eating a healthy diet and exercising regularly. Has this been a problem for you?" Yes

No

15. "Some people have emotional or mental health problems that make it difficult to follow the doctor's recommendations or take their medications. Has this been a problem for you?" Yes

No

Dietary History

16. "How many servings of fruits and vegetables do you eat in a typical day?" 1 3

2 4

17. "Are you currently on a low-salt (sodium-restricted) diet?" Yes

No

18. "Are you currently on a low-fat (low-cholesterol) diet?" Yes

No

19. "Do you (or whoever buys your groceries) read the nutrition facts label on food items to decide whether or not to buy them?" Yes

No