

Diabetes Pre-visit Check List

Date:

Name:

Date of birth:

Please check all that apply.

Do you eat 3 meals per day? ☐ YES ☐ NO

Does each meal contain about the same amount of carbohydrates?..... ☐ YES ☐ NO

-If not, check the box that applies.

BREAKFAST ☐ low carb

☐ medium carb

☐ high carb

LUNCH ☐ low carb

☐ medium carb

☐ high carb

DINNER ☐ low carb

☐ medium carb

☐ high carb

Carbohydrates (carbs) are starches and sugars.

Examples of high carb meals: Meals containing a significant amount of pasta, bread, rice, potatoes, etc.

Examples of low carb meals: Meals consisting mostly of meat and vegetables.

Do you snack between meals or at bedtime? ☐ YES ☐ NO

Do you drink sweet tea, regular soda, fruit juice or other sugary drinks? ☐ YES ☐ NO

-If you answered yes, how often do you have sugary drinks?

☐ less than 1 drink per day

☐ 1 drink per day

☐ more than 1 drink per day

Are you currently taking Metformin (Glucophage)? If the answer is yes, please answer the following 3 questions.

Does Metformin cause you to have an upset stomach or diarrhea? ☐ YES ☐ NO

Do you take a smaller dose than the dose that is prescribed to you by your doctor? ☐ YES ☐ NO

Do you ever miss your Metformin?..... ☐ YES ☐ NO

-If you answered yes to the last question, how often do you miss your Metformin? Please check the box that applies.

☐ less than 1 time per week

☐ 1 time per week

☐ 2 – 3 times per week

☐ 4 – 6 times per week

☐ 1 – 2 times per day

Do you currently check your blood sugar level? ☐ YES ☐ NO

If so, how often are you checking it? _____

Do you bring your meter and/ or logbook to every appointment? ☐ YES ☐ NO

-If not, you should start doing it. Your doctor cannot offer you the best care for your diabetes without information on your blood sugar levels.

Do you have difficulties to afford the meter strips? ☐ YES ☐ NO

Do you know what your target blood sugar range is? ☐ YES ☐ NO

-If you did not bring your meter or log book with you today, please answer the following question.

What is your average blood sugar level? Please check all the boxes that apply, you can circle more than one.

BEFORE BREAKFAST

- ☐ less than 80
- ☐ 80 - 100
- ☐ 100 - 150
- ☐ 150 - 200
- ☐ 200 - 250
- ☐ 250 - 300
- ☐ greater than 300

BEFORE LUNCH

- ☐ less than 80
- ☐ 80 - 100
- ☐ 100 - 150
- ☐ 150 - 200
- ☐ 200 - 250
- ☐ 250 - 300
- ☐ greater than 300

BEFORE DINNER

- ☐ less than 80
- ☐ 80 - 100
- ☐ 100 - 150
- ☐ 150 - 200
- ☐ 200 - 250
- ☐ 250 - 300
- ☐ greater than 300

AT BEDTIME

- ☐ less than 80
- ☐ 80 - 100
- ☐ 100 - 150
- ☐ 150 - 200
- ☐ 200 - 250
- ☐ 250 - 300
- ☐ greater than 300

Did you know that, for a diabetic, a low blood sugar is generally considered a level less than 70?..... ☐ YES ☐ NO

Do you agree that a low blood sugar reading is anything under 70? ☐ YES ☐ NO

-If you answered no, then what is a low blood sugar for you? _____

Are you having any blood sugars under 70?..... ☐ YES ☐ NO

About how many lows do you have in a month? _____

When do your lows happen the most? Please check the box that applies to you.

☐ overnight ☐ morning ☐ noon ☐ afternoon ☐ evening ☐ bedtime

Do your low blood sugars happen when you eat a small meal? ☐ YES ☐ NO

Do your low blood sugars happen when you are more active? ☐ YES ☐ NO

Have you ever had a low blood sugar when someone else had to help treat you? ☐ YES ☐ NO

Have you ever been taken the hospital for a low blood sugar? ☐ YES ☐ NO

What do you do when you have a low blood sugar? _____

Do you snack at bedtime or wake up during the night to eat in order to avoid a low blood sugar? ☐ YES ☐ NO

Do you overeat or snack between meals in order to avoid a low blood sugar? ☐ YES ☐ NO

If you are on insulin, please answer the following questions.

Do you take your insulin every day? ☐ YES ☐ NO

-If you are not taking your insulin every day, why not? _____

Do you think you could or should control your diabetes without insulin? ☐ YES ☐ NO

Do you skip insulin if your blood sugar is below a certain level in order to avoid a low blood sugar? ☐ YES ☐ NO

-If you answered yes, what is that level? _____

Do you have financial difficulties buying your insulin? ☐ YES ☐ NO

-If you answered yes, how often do you run out of your insulin? Please check the box that applies.

☐ less than 1 - 2 days in a month ☐ 3 - 4 days in a month ☐ 5 - 7 days in a month

☐ 7 - 14 days in a month ☐ more than 14 days in a month

Do you try taking less than the dose prescribed to you by your doctor in order to stretch out your insulin supply due to cost? ☐ YES ☐ NO

Do you ever fall asleep without taking your long acting insulin? ☐ YES ☐ NO

How often do you miss taking your long acting insulin? Please check the box that applies.

☐ less than 1 time per week ☐ 1 time per week ☐ 2 – 3 times per week ☐ 4 – 6 times per week ☐ every day

Do you miss taking your insulin at work or when eating out? ☐ YES ☐ NO

How often do you miss taking your mealtime insulin? Please check the box that applies.

☐ less than 1 time per week ☐ 1 time per week ☐ 2 – 3 times per week ☐ 4 – 6 times per week ☐ 1 time per day ☐ multiple times a day

How do you take your mealtime insulin? Please check the box that applies.

☐ more than 30 minutes before the meal ☐ less than 30 minutes before the meal ☐ during the meal

☐ less than 30 minutes after the meal ☐ more than 30 minutes after the meal

How much of the long acting insulin do you take? _____

How much of the mealtime insulin do you take? _____

Does the dose vary each time? ☐ YES ☐ NO

Does it depend on your blood sugar reading? ☐ YES ☐ NO

Do you follow a specific formula when taking your insulin? ☐ YES ☐ NO

-If you do follow a specific formula, how do you decide the amount of insulin to take? What formula do you follow?

Do you ever take your mealtime insulin when you skip a meal? ☐ YES ☐ NO

Do you take your mealtime insulin at bedtime or between meals to correct high blood sugar reading? ☐ YES ☐ NO

-If you answered yes, how often do you do it?

☐ less than 1 time per week ☐ 1 time per week ☐ 2 -3 times per week ☐ 4 – 6 times per week ☐ every day

Did you know that you could leave most insulin pens at room temperature for up to 28 days?..... ☐ YES ☐ NO

Do you store insulin vials and unopened insulin pens in the refrigerator? ☐ YES ☐ NO

Do you leave insulin vials and/or insulin pens out in the heat? ☐ YES ☐ NO

If you use pens, do you count to 10 after you inject the insulin and before you remove the pen? ☐ YES ☐ NO

Do you rotate your injection sites? ☐ YES ☐ NO