NEW DIABETES EDUCATION PATIENT INFORMATION

Social/Lifestyle/Quality of Life

Are you pregnant or plan to become pregnant? **Yes** **No** Do you smoke? Yes No

***Employment* factors you have that might impact your diabetes self-care (Check all that apply)**

Variable/Rotating Shifts	Sedentary job	**Can you describe what diabetes is:**
Unpredictable Meal Breaks/ physical activity	Nowhere to keep diabetes testing/medication supplies	No Yes, explain:
Unsupportive supervisor	Other: _____	

Other factors that might impact your diabetes self-care

None	Lack of Motivation	Diabetes Burnout
Relationship conflicts or lack of support	Other health issues	Diabetes Regimen too complicated
Hectic schedule	Financial Concerns	Confusion about my diabetes regimen
Cultural/Religion practice	Depression/Anxiety	Lack of knowledge
	Stress	

Have you had instructions on managing your diabetes or diabetes education in the past?

No
Yes/Location
_____

Any hearing, eyesight, reading issues or language barriers that impact your learning

Yes No

Please explain:_____

How confident are you in managing your diabetes on a scale from 1 (not confident) to 10 (totally confident)?___

Why:_____

How do you like to learn new things? (check all that apply)

Reading
Lectures/Classes
Using the Internet
Watching Videos/ TV
Individual / demonstrations

Nutrition, Activity, and Medical History

Current Height: _____ Current Weight: _____ Weight changes in the past year? _____

What food planning methods have you followed in the past? (check all that apply)

Calorie counting	No added sugar	Weight Watchers
Carbohydrate Counting	Low Carb	Paleo
Low Fat	South Beach	Other:_____
Exchange Lists	Low Sodium	Food Allergy/Cultural restriction

What method of food planning are you using now?

How many times per week do you eat out? (including beverages)

0 **1-2** **3-4** **>4**

Do you cook your own meals? Yes No

Please explain:_____