Joslin Diabetes Center

Rosa's Story

Medical Record #:_____

Name: _____

Today's date: _____

Pre-Group Activity Survey

Please tell us a little about yourself by filling in the appropriate oval

Are you: ○Male ○Female

Age: ○18-24 ○25-34 ○35-44 ○45-54 ○55-64 ○+65

Birthplace: ○ United States ○Mexico ○Puerto Rico ○ South America
○ Central America ○ Cuba ○ Spain ○ Dom. Republic

City of residency: _____ Zip Code:_____

Do you understand English? ○Not at all ○A little ○Almost all ○All

Does your primary care doctor speak? ○English ○Bilingual -Spanish

Do you talk to your doctor in English or Spanish? ○English ○Spanish

In which language are your prescription written? ○English ○Spanish

Have you been to the ER or admitted to the hospital in the past year? ○Yes ○No
If yes, why?:_____

Diabetes type?
○Type 1 ○Type 2 ○Gestational Diabetes ○I don't know

What types of educational opportunities had you had to learn about diabetes?
○Group Classes ○Appointment with: dietitian or nurse educator ○Video
○None ○Written material (Pamphlets or brochures) ○Other:

Blood sugar testing
Do you check your blood sugar levels with your meter? ○Yes ○No

How many times per day? ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7

How many days per week? ○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7

Do you know how to use the results? ○Yes ○No

Do you know your targets for before and after meals? ○Yes ○No

If you are not checking your blood sugar, please tell us why: (choose all that apply)

- ⬭ it hurts
- ⬭ don't have a meter or glucometer
- ⬭ it's too expensive
- ⬭ it's too complicated for me
- ⬭ I can't do it on my own
- ⬭ other: _____

Diabetes Control

What is your target for the A1C test? _____ ⬭ I don't know

What is the result of your last A1C test? _____ ⬭ I don't know

Complications

Do you know what lab tests or exams needed to be done to screen for complications of diabetes?

⬭ Yes ⬭ No ⬭ Don't Know

Do you know how often these tests or exams should be done?

⬭ Yes ⬭ No ⬭ Don't Know

Exercise

How often do you exercise for 20 minutes or more?

- ⬭ Never
- ⬭ 1 to 2 times per week
- ⬭ 3 to 4 times per week
- ⬭ more than 4 times per week

Meal Plan

Do you have a meal plan to help you control your diabetes? ⬭ Yes ⬭ No

Do you follow your meal plan most of the time? ⬭ Yes ⬭ No

Diabetes medications:

How many days a week do you take your medications as directed?

⬭ 0 ⬭ 1 ⬭ 2 ⬭ 3 ⬭ 4 ⬭ 5 ⬭ 6 ⬭ 7

Choose the answer you believe to be correct:

⬭ true ⬭ false: Diabetes can be cured

⬭ true ⬭ false: I can't stop complications from happening

⬭ true ⬭ false: One way of lowering my blood sugar levels is skipping meals

⬭ true ⬭ false: All patients with diabetes should follow the same diet

⬭ true ⬭ false: Cleaning the house and taking care of the kids is enough exercise

⬭ true ⬭ false: Exercising for 10 minutes is a waste of time

⬭ true ⬭ false: Those who use insulin have a more severe type of diabetes

⬭ true ⬭ false: My doctor is the one responsible for my diabetes control

⬭ true ⬭ false: Insulin can cause blindness

⬭ true ⬭ false: I have no symptoms; it means my diabetes is well controlled

Low Blood Sugar

How often do your blood sugars run below 80?

○ never ○ monthly ○ weekly ○ daily

Is this a problem for you?

○ Yes ○ No

High Blood Sugar

How often does your blood sugar run above 150 in the morning and before meals?

○ never ○ monthly ○ weekly ○ daily

Checking Feet

How often do you check your feet?

○ never ○ monthly ○ weekly ○ daily

Sick Days

Do you know how to adjust your diabetes treatment when you are sick?

○ Yes ○ No

Smoking

Do you smoke?

○ Yes: How many cigarettes per day? ___

○ No ○ recently quit

Pregnancy

Have you received information about pregnancy planning and diabetes?

○ Yes ○ No ○ Not applicable

Well Being

In the past month, have you often felt hopeless, down or depressed?

○ Yes ○ No

Eye Care

Have you had an eye exam in the last year?

○ Yes ○ No

Kidney Health

Have you had a microalbumin (urine) test in the last year?

○ Yes ○ No ○ I'm not sure

Dental Care

Have you had a dental exam in the last year?

○ Yes ○ No

Nutrition

Have you had an appointment with a dietitian in the last year?

○ Yes ○ No