

Help Us Understand...
YOUR JOURNEY WITH DIABETES



Name _____

Today's Date _____

What Concerns or Questions Do You Want to Talk About Today? (write in below)

Any of these problems since your last visit here? (circle Yes or No)

- | | |
|--|-----------------------------------|
| Y N Frequent urination and thirst | Y N Problem with vision |
| Y N Hungry, sweaty, weak, and confused | Y N Sick to stomach or diarrhea |
| Y N Feet feel numb | Y N Problems with medicines |
| Y N Pain in chest or legs when walking | Y N Light-headed when standing up |

Other: _____

*Please tell us about your efforts to care for your diabetes in the last month.
(circle Yes or No)*



- Y N I am taking good care of my diabetes.
- Y N I do regular physical activity.
- Y N I often miss taking my diabetes medicine.
- Y N I often miss taking my cholesterol pills.
- Y N I often miss taking my blood pressure pills.
- Y N I check my blood sugar regularly.
- Y N I check my blood pressure regularly.
- Y N I am gaining more weight than I should.
- Y N I need help with my stress level.

*Over the last 2 weeks, have you been bothered by any of the following problems?
(circle Yes or No)*

- Y N Little interest or pleasure in doing things
- Y N Feeling down, depressed, or hopeless

THANK YOU