

Welcome to Hartford Healthcare Medical Group Endocrinology

DIABETES QUESTIONNAIRE

Name: _____ DOB: _____ Date: _____

Questions and goals for this visit:

Have you ever been told you had diabetes? If yes, at what age?

Have you been told you have diabetes type 1, diabetes type 2, or gestational diabetes?

Have you ever been to a diabetes educator? If yes, most recent appointment:

Have you ever been hospitalized for diabetic ketoacidosis, high blood sugars, or low sugars? If yes, when and where:

Aside from what is listed on your general intake form, are there diabetes medications you tried in the past that you no longer take? If yes, please list med and side effect or why they were discontinued.

Do you forget to take your medications? If so, how often (once a day, once a week):

What is the most difficult part about managing your diabetes? (For example, running out of supplies, food choices, forgetting medications, forgetting to test sugar levels, stress, depression, finances, etc)

High and low sugars:

How often are you having low blood sugars? (please circle) Daily, weekly, monthly, rarely/never

How do you treat your low blood sugars? _____

At what number do you feel your low sugars? _____

Have you had a severe low sugar causing a loss of consciousness or seizure? Y or N If yes, please list when this occurred: _____

Do you feel high sugars? Y or N

Diet:

Please list some examples of food from the past week:

Breakfast (time _____): _____

Lunch (time _____): _____

Supper (time _____): _____

Snacks (time _____): _____

Drinks: _____

Complications:

Have you been told you have any of the following complications from diabetes?
(please circle all that apply)

- | | |
|--|--|
| Eye disease (retinopathy) | Delayed gastric emptying (gastroparesis) |
| Kidney disease (protein in the urine, nephropathy) | Erectile dysfunction |
| Nerve damage (numbness, tingling, neuropathy) | Autonomic neuropathy |
| Heart attack/MI | Stroke/CVA |
| Mini-stroke/TIA | |

When was your last dilated eye examination?

Date: _____

Results: _____

Office: _____

Last dental appointment (Month/Year): _____

If you are on insulin:

Does it matter which insulin you take? (i.e.any insulin allergies) _____

How often are you testing your sugar? _____

When are you testing your sugar ?

(please circle)

Fasting in the morning

Before meals

After meals

No relationship to meals and when I test my sugar

If you are on an insulin pump:

How many years have you been on a pump? _____

What other pumps have you been on in the past? _____

Do you feel comfortable managing pump failure? _____

Do you know how to use ketostrips? _____

Do you know how to use glucagon? _____

HHCMG Endocrinology & Diabetes Center

Sites: 406 Farmington Avenue, Farmington, CT 06032 | 1559 Sullivan Avenue, South Windsor, CT 06074 | 100 Hazard Avenue, Suite 101, Enfield, CT 06082 | 1244 Storrs Road, Storrs, CT 06268 | 35 Talcottville Road, Suite 1, Vernon CT06066 | 330 Western Boulevard, Suite 200, Glastonbury, CT 06033 | 73 Waterbury Road, Prospect, CT 06712 | 462 Queen Street, Southington, CT 06489

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