



**DIABETES QUESTIONNAIRE**

- 1) What type of diabetes do you have? Type 1 Type 2 Other \_\_\_\_\_
- 2) What year was your Diabetes diagnosed? \_\_\_\_\_ Who was your previous endocrinologist? \_\_\_\_\_
- 3) What was your date & value of most recent HbA1c? \_\_\_\_\_
- 4) Have you had Diabetes Education Classes? Yes No Have you ever seen a Nutritionist? Yes No
- 5) For female patients, did you have Diabetes during pregnancy? Yes No Don't know
- 6) Do you check fingerstick blood sugars at home? Yes No. Make & model of Glucometer? \_\_\_\_\_
- 7) What's the usual fasting blood glucose value you wake up with (please write the range) \_\_\_\_\_
- 8) What's your BG during daytime or at bedtime? (please write the range) \_\_\_\_\_
- 9) Do you wear a **Continuous Glucose Monitor**? Yes No. If yes, what make & model \_\_\_\_\_
- 10) Do you wear an **Insulin Pump**? Yes No If yes, what make & model? \_\_\_\_\_
- 11) Are you interested in **Inhaled Insulin**? Yes No
- 12) Have you ever been hospitalized for **HIGH** blood sugars? Yes No If yes, when & where? \_\_\_\_\_
- 13) Do you get **LOW** blood sugars or Hypoglycemia? Yes No How often? Daily Weekly Monthly Rarely
- 14) Are you aware of when your sugars go low? Yes No At what level do you start showing symptoms? \_\_\_\_\_
- 15) Are you on Insulin injections or an Insulin pump? Yes No  
If yes, please explain [what make & model, what type of insulin (specify vial or pen), how often, when did you start].  
\_\_\_\_\_
- 16) Do you have any **Nephropathy** (kidney problems) Yes No Don't know  
If yes, please explain, & who is your Nephrologist? \_\_\_\_\_
- 17) Do you have **Retinopathy**? Yes No Don't know  
If yes, have you had any laser treatment in the past? Yes No Don't know  
When did you last see an eye doctor? \_\_\_\_\_ Who is your eye doctor? \_\_\_\_\_
- 18) Do you have **Neuropathy**? Yes No Don't know  
Do you have any numbness or tingling? Yes No  
Do/did you have any foot ulcers? Yes No  
Do you have any history of amputations? Yes No  
When did you last see a podiatrist? \_\_\_\_\_ Who is your podiatrist? \_\_\_\_\_
- 19) Do you have any **Heart disease**? Yes No Don't know  
If yes, please explain \_\_\_\_\_  
If no, when did you last have a cardiac assessment? \_\_\_\_\_ Never. Who is your cardiologist? \_\_\_\_\_
- 20) Have you ever had a **stroke**? Yes No Don't know If yes, who is your Neurologist? \_\_\_\_\_
- 21) Do you have **Erectile Dysfunction**? Yes No N/A
- 22) Do you get any **nausea, vomiting or early satiety**? Yes No
- 23) Do you get **dizziness** or unexplained fluctuation in BP or pulse? Yes No
- 24) Have you been **losing or gaining weight** unknowingly? Yes No
- 25) Do you have any specific issues you would like to address with your physician regarding your diabetes?  
\_\_\_\_\_