

## Things I do to Take Care of My Diabetes

*Please answer the questions to the best of your ability*

### My Physical Activity

*Helps my body use the sugar in my blood, keep my blood pressure down and manage my weight.*

I do **planned exercise** that increases my heart rate and makes me sweat \_\_\_\_\_:

- Rarely
- 1-2 days/wk.
- 3-5 days/wk.
- 6-7 days/wk.
- I'd like to talk to someone about this.

I would describe my **general activity level** as:

- Sedentary—Sitting most of the day
- Moderate—Sitting and moving the same
- Active—Moving most of the day
- I'd like to talk to someone about this.

### My Eating Habits

*Directly affect how hard my body and medicines have to work to keep my blood sugar normal.*

In 24 hours, I usually eat \_\_\_\_\_ **carbohydrate servings**.

- 0-2    3-5    6-9    10-15    Unsure
- I'd like to talk to someone about this.

In 24 hours, I usually eat \_\_\_\_\_ servings of:

	<u>Fruits</u>	<u>Vegetables</u>	<u>Meat/Meat Substitutes</u>	<u>Grains</u>	<u>Milk/Yogurt</u>	<u>Fats</u>
<input type="checkbox"/>	0-1	0-2	0-3 (1 oz)	0-5	0-1	0-3
<input type="checkbox"/>	2-4	3-5	4-6 (1 oz)	6-11	2-3	4-6
<input type="checkbox"/>	4+	5+	6+ (1 oz)	11+	3+	6+

- I'd like to talk to someone about this.

### My Diabetes Medications

*Help my body use the sugar in my blood.*

My diabetes medicines include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have questions about my medications

### Checking My Blood Sugars

*Helps me know how well these other things are working to keep my sugars normal.*

I check my **blood sugars** \_\_\_\_\_:

- weekly
- daily
- sometimes several times a day
- I don't check them

My blood sugar(s) have been running:  
 Fasting \_\_\_\_\_ After a meal \_\_\_\_\_ At bedtime \_\_\_\_\_

### Decreasing Risk for Other Problems

*Mark all that apply.*

- I take a **blood pressure** medicine to protect my kidneys: \_\_\_\_\_
- I take one or more medicines to help my **cholesterol**: \_\_\_\_\_
- I take a baby **aspirin** daily to decrease my risk for heart attack or stroke.
- I check my **feet** daily for sores and cracks
- I last saw my **eye doctor** on \_\_\_\_\_
- Tobacco**
  - I don't use it/am not exposed
  - I quit on \_\_\_\_\_
  - I use tobacco: \_\_\_\_\_ pks for \_\_\_\_\_ yrs.
  - I want to quit
- I have questions about how to decrease my risk for problems related to diabetes

### Problem Solving

#### Diabetes Distress Screener\*

**DIRECTIONS:** Consider the degree to which each of the 2 items may have distressed or bothered you DURING THE PAST MONTH and circle the appropriate number.

<u>Rating Scale</u>	1. Feeling overwhelmed by the demands of living with diabetes.	2. Feeling that I am often failing with my diabetes routine.
Not a problem	1	1
A slight problem	2	2
A moderate problem	3	3
Somewhat serious problem	4	4
A serious problem	5	5
A very serious problem	6	6

\*Fisher et. al. (2008).