

Take Action Intake Form

Are you a smoker?

Yes No

Height Weight Date

Blood Pressure / Date

I am a diabetic Yes No type 1 type 2

If you do not have diabetes do you have a family member friend with diabetes

*I am employed Yes No Retired

*I have had a foot exam by a doctor in the last year Yes No

*I have had an eye exam in the last year Yes No

*I have had a urine test for protein in the last year Yes No

*I received a flu shot in the last year Yes No

*I have received a pneumonia shot Yes No

*I have had a Hemoglobin A1c test Yes No

*I have had a dental exam in the last year Yes No

If you have not had the things with a *, what is the reason

Too expensive My doctor did not do them

No insurance I have not been to the doctor in the last year

Not a diabetic Other

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How many days of the week do you eat at least 3 meals?

0 1 2 3 4 5 6 7

How many days of the week do you follow a diabetic meal plan?

0 1 2 3 4 5 6 7

How many days of the week do you eat fast food?

0 1 2 3 4 5 6 7

How many days of the week do you exercise?

0 1 2 3 4 5 6 7

If you exercise how much do you do?

10 min 15 min 20 min 30 min

How many days of the week do you take your medicine as ordered?

0 1 2 3 4 5 6 7

Do you have a way to control stress in your life?

Yes No

How many days of the week do you check your feet?

0 1 2 3 4 5 6 7

Do you wear medical alert identification for diabetes?

Yes No

Do you take an aspirin every day? Yes No

I have been told not to take aspirin

Have you been to diabetes education classes before

Yes No

Check the things you would like more information about

Meal planning

Eating healthy

Exercise

Checking feet

Diabetes Medicine

Checking blood sugar

High blood sugar

Low blood sugar

Dealing with stress

Depression

What diabetes is

Complications

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My main support is from?

- Family Friends Doctor Other

Number of days in the last year I have been unable to work or do my normal activities because of diabetes?

- 0 1 - 10 days 11 - 25 days 26 or more days

I believe my health to be

- Excellent Good Fair Poor

I would be willing share my health test numbers with the Robert Wood Johnson Foundation Yes No

I feel my knowledge about diabetes is

- Excellent Good Fair Poor

How did you hear about this class?

- Flyer Family/friend church
 Senior Center Newspaper Doctor
 Mailing Other