

# 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