

# Behavioral Health Assessment

Name of Patient: \_\_\_\_\_ MR #: \_\_\_\_\_  
Name of Promoter: \_\_\_\_\_ Date: \_\_\_\_\_

1. (SMBG) How many times a week do you check your blood sugar? \_\_\_\_\_
  
2. (Meal plan) What type of meal plan have you decided to follow?  
 small frequent meals  
 plate method  
 five or more fruits and vegetables a day  
 food guide pyramid  
 counting carbohydrates  
 other (please specify) \_\_\_\_\_
  
3. (Meal Plan) In the last week, how many days of the week did you follow your meal plan? \_\_\_\_\_ (To follow it, you would have had to eat all 3 meals that day according to your chosen meal plan).
  
4. (Medications) How many times a day are you supposed to take medications to lower your blood sugar?  
 once a day  
 twice a day  
 three times or more
  
5. (Medications) How many times a week do you end up not taking your medication for blood sugar?  
\_\_\_\_\_ (a number)
  
6. (Exercise) How many minutes of moderate exercise (like fast walking, dancing) do you do in a day?  
\_\_\_\_\_ (a number)
  
7. (Exercise) How many days a week do you do some form of moderate exercise (like fast walking)?  
\_\_\_\_\_ (a number)