

**Case Manager Initial Assessment Data**

**DATE**\_\_\_\_\_

Name\_\_\_\_\_ DOB\_\_\_\_\_

Phone #s Home\_\_\_\_\_

Work\_\_\_\_\_

Mobile\_\_\_\_\_

Race\_\_\_\_\_ Ethnicity\_\_\_\_\_

Date enrolled in clinic (month/year)\_\_\_\_\_

Date enrolled in diabetes project (month/year)\_\_\_\_\_

Date diagnosed with diabetes (year)\_\_\_\_\_

Work/type of work\_\_\_\_\_

Transportation (circle) Drive own car  
Family/friends drive  
Walk  
Public transportation  
Other (list type)\_\_\_\_\_

Literacy—(circle) Read/Write YES NO  
If YES- What language\_\_\_\_\_

With whom do you live? Spouse/partner Age\_\_\_\_\_  
Daughter How many?\_\_\_\_\_ Age\_\_\_\_\_  
Son How many?\_\_\_\_\_ Age\_\_\_\_\_  
Other relatives Who?\_\_\_\_\_  
Age\_\_\_\_\_

Who is the person who helps/supports you the most?\_\_\_\_\_  
How does this person/people help you?\_\_\_\_\_

Do you feel people in the community help you (ex. Church, etc)? YES NO  
If YES, who & how?\_\_\_\_\_

If NO, why not?\_\_\_\_\_

What do you do in your time off? Where do you go? \_\_\_\_\_

Case Manager Initial Assessment Page 2

What are days you can NOT come to appointments? \_\_\_\_\_  
Why? \_\_\_\_\_

What type of physical activity do you do? \_\_\_\_\_  
How often (times per week/hrs. spend doing each activity) \_\_\_\_\_

Do you take your medicines every day? \_\_\_\_\_  
If NO, how often do you forget & why? \_\_\_\_\_  
\_\_\_\_\_

Do you check your blood sugar at home? YES NO  
If YES how often? \_\_\_\_\_  
If NO why? \_\_\_\_\_

How often do you eat? (times of day they eat) \_\_\_\_\_  
Do you use the plate method? YES NO  
If NO why not? \_\_\_\_\_

PHQ-2 administered (if already done list date) YES NO  
What is the result? Positive Negative  
If positive complete PHQ-9 Results: Positive Negative  
If PHQ-9 positive date referred to provider \_\_\_\_\_

Other information  
(Questions/concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything extra/different that you think you could do to manage your diabetes?  
YES NO

If YES, what is it? What goal would you like to work on? (focus on 1-2 activity eating,  
medication, coming to appts. monitoring blood sugar)  
\_\_\_\_\_  
\_\_\_\_\_

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

Case Manager Initial Assessment Page 3

**Actions taken:**

Diabetic Flowsheet updated	YES	NO
Research consent form signed	YES	NO
Pharmaceutical Drug Assistance Form completed	YES	NO
Portable Record updated	YES	NO
	Other (ex. Pt. forgot/lost)	
Calendar updated	YES	NO
	Other (ex. Pt. forgot/lost)	
Pt. Referred for social support	Yes	NO

If yes, to what person or organization (ex. CHW, home visit, provider notified)

---

---

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

## Case Manager Follow-Up Data

1-Has anything changed from the last case manager visit? (example: address, work, who you are living with)  
 (circle) YES NO If yes, what? \_\_\_\_\_

2- What type of physical activity do you do?      How long?      How many times/week?

1 = walk	_____	_____
2 = run	_____	_____
3 = sports (type)	_____	_____
4 = work is physically active (so no extra physical activity)		
5 = none		
Total # hours/week doing physical activity = _____		

3- How often do you eat each day? (include snacks & meals)

0	= 1-2/day
1	= 3-4/day
2	= 5-6/day
3	= > 6/day

4- Do you use the plate method?      1= YES      2 = NO

5- Do you take your medicines every day?      1 = YES      2 = NO

If NO, why? 1= forget  
 2 = refuse  
 3 = ran out  
 4 = other

6- Do you check your blood sugar at home?      1= YES      2 = NO      If YES, how often per week \_\_\_\_\_

If NO, why? 1 = no monitor  
 2 = no strips  
 3 = afraid  
 4 = other

7. How often do you check your feet? 1 = once a day  
 2 = once a week  
 3 = never

8. Do you feel you are better able to manage your diabetes now than before you entered the program?  
 Why/why not? \_\_\_\_\_

9- Do you think the six-month appointment slip is useful in keeping track of your appointments?  
 1= YES      2= NO      IF NO, why not? \_\_\_\_\_

10- Do you have a portable record?      1= YES      2= NO  
 If YES, do you find it useful?      1= YES      2= NO

11- Have you seen the shining stars bulletin board in the hallway?      1= YES      2= NO  
 If YES, does reading about the people motivate you to make healthier lifestyle choices? (example to eat better, exercise etc)      1= YES      2= NO

**PATIENT NAME:** \_\_\_\_\_      **DOB:** \_\_\_\_\_

**DATE Completed:** \_\_\_\_\_      **Staff Initials:** \_\_\_\_\_