

Diabetes Assessment

Complete the assessment below to help you determine your current level of control and self-management skills.

Please answer yes or no to each statement.

1. I have been hospitalized for diabetes in the past year.
2. I have visited the emergency room because of diabetes in the past year.
3. My hemoglobin A1C is higher than 7%.
4. I rarely or never check my blood sugar.
5. I have missed work, school or other planned activities because of my diabetes.
6. I rarely or never take my diabetes medications as prescribed.
7. My blood glucose is more than 170 most of the time.
8. It has been more than 5 years since I received diabetes education.

How many questions have you answered yes to?

0

It looks like you are managing your diabetes well. **Keep up the good work!**

1-3

It looks like you are knowledgeable about controlling your diabetes. However, you may benefit from learning additional diabetes self-management skills.

Sign up to receive more diabetes information.

Please provide us with your name, address, phone number, and the best time for us to reach you.

4 or more

It looks like diabetes may be effecting your quality of life. Improving self-management skills can lead to better diabetes control.

Sign up for information on our diabetes education program.

Please provide us with your name, address, phone number, and the best time for us to reach you.



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