

Diabetes Knowledge Survey

Pre-Program

Name _____ Date _____

Please let us know your understanding of the following diabetes topics:

1. **What diabetes is and how insulin works in my body**
 Good understanding Some understanding No understanding
2. **How to use my glucose meter and get testing supplies**
 Good understanding Some understanding No understanding
3. **Hemoglobin A1C blood test**
 Good understanding Some understanding No understanding
4. **How exercise helps control diabetes**
 Good understanding Some understanding No understanding
5. **My pills that treat diabetes** N/A I do not take pills to treat high blood sugar
 Good understanding Some understanding No understanding
6. **Insulin vial or pen – how to store, prepare and inject** N/A I don't use insulin
 Good understanding Some understanding No understanding
7. **My insulin – when to inject and when it starts working** N/A I don't use insulin
 Good understanding Some understanding No understanding
8. **Diabetes Diet - how carbohydrates affect my blood sugar**
 Good understanding Some understanding No understanding
9. **Foods high in carbohydrates**
 Good understanding Some understanding No understanding
10. **How to plan a meal consistent with my daily carbohydrate needs**
 Good understanding Some understanding No understanding
11. **How fat in my diet affects diabetes and heart disease**
 Good understanding Some understanding No understanding
12. **The effect of stress on diabetes**
 Good understanding Some understanding No understanding
13. **How to incorporate blood sugar control into my lifestyle**
 Good understanding Some understanding No understanding

- 14. What my blood sugar target ranges should be**
 Good understanding Some understanding No understanding
- 15. What to do if my blood sugars are high**
 Good understanding Some understanding No understanding
- 16. How to prevent and treat low blood sugars**
 Good understanding Some understanding No understanding
- 17. How to take care of my diabetes when I am sick**
 Good understanding Some understanding No understanding
- 18. What my cholesterol and blood pressure should be**
 Good understanding Some understanding No understanding
- 19. How to recognize and prevent complications of diabetes**
 Good understanding Some understanding No understanding
- 20. How to take care of my feet**
 Good understanding Some understanding No understanding
- 21. How often to have my eyes examined**
 Good understanding Some understanding No understanding
- 22. How often to have my mouth and gums examined**
 Good understanding Some understanding No understanding
- 23. How to make behavior changes that will improve my blood sugars**
 Good understanding Some understanding No understanding
- 24. How to manage blood sugars if I become pregnant** N/A Does not apply to me
 Good understanding Some understanding No understanding
- 25. How important is it to me to manage my blood sugars daily?**
 Very important Somewhat important Not important at all
- 26. I am _____ confident that I can do what is needed to control my blood sugars daily**
 Very confident Somewhat confident Not confident
- 27. What small or large changes did you make in the last 2-3 weeks to move your blood sugar into the target ranges?**

Thank you!