

Diabetic Patients:

1. When were you first told that you have diabetes? _____

2. What treatment was given at the time?

3. What other treatments or medications have you tried and what was the reason for stopping it (if you are no longer taking it)?

4. What are you currently taking for your diabetes?

5. How long have you been on these **current** treatment/medications? _____

6. Any problems with the current diabetic medications?

7. Do you ever have low blood sugar reactions? When?

8. Do you check your blood sugar at home? _____ How often? (# times per day) _____

9. Please write down the range of blood sugar readings next to the time of day that you check:

Time: Morning, before breakfast _____

Before Lunch _____

Before Dinner _____

Before bedtime _____

Any other time? _____

Name _____ Date _____