Take Action Intake Form

Are you a smoker?  □ Yes  □ No

Height  □  □  Weight  □  □  Date  □

Blood Pressure  □  □  /  □  □  Date  □

I am a diabetic  □ Yes  □ No  □ type 1  □ type 2

If you do not have diabetes do you have a □ family member □ friend with diabetes

*I am employed  □ Yes  □ No  □ Retired

*I have had a foot exam by a doctor in the last year  □ Yes  □ No

*I have had an eye exam in the last year  □ Yes  □ No

*I have had a urine test for protein in the last year  □ Yes  □ No

*I received a flu shot in the last year  □ Yes  □ No

*I have received a pneumonia shot  □ Yes  □ No

*I have had a Hemoglobin A1c test  □ Yes  □ No

*I have had a dental exam in the last year  □ Yes  □ No

If you have not had the things with a *, what is the reason

□ Too expensive  □ My doctor did not do them

□ No insurance  □ I have not been to the doctor in the last year

□ Not a diabetic  □ Other  □
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How many days of the week do you eat at least 3 meals?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

How many days of the week do you follow a diabetic meal plan?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

How many days of the week do you eat fast food?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

How many days of the week do you exercise?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

If you exercise how much do you do?

☐ 10 min  ☐ 15 min  ☐ 20 min  ☐ 30 min

How many days of the week do you take your medicine as ordered?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

Do you have a way to control stress in your life?

☐ Yes  ☐ No

How many days of the week do you check your feet?

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

Do you wear medical alert identification for diabetes?

☐ Yes  ☐ No

Do you take an aspirin every day?

☐ Yes  ☐ No

☐ I have been told not to take aspirin

Have you been to diabetes education classes before?

☐ Yes  ☐ No

Check the things you would like more information about

☐ Meal planning  ☐ Eating healthy
☐ Checking feet  ☐ Diabetes Medicine
☐ High blood sugar  ☐ Low blood sugar
☐ Depression  ☐ What diabetes is
☐ Exercise  ☐ Checking blood sugar
☐ Dealing with stress  ☐ Complications

Have you been to diabetes education classes before?

☐ Yes  ☐ No
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My main support is from?

☐ Family ☐ Friends ☐ Doctor ☐ Other

Number of days in the last year I have been unable to work or do my normal activities because of diabetes?

☐ 0 ☐ 1 - 10 days ☐ 11 - 25 days ☐ 26 or more days

I believe my health to be

☐ Excellent ☐ Good ☐ Fair ☐ Poor

I would be willing share my health test numbers with the Robert Wood Johnson Foundation ☐ Yes ☐ No

I feel my knowledge about diabetes is

☐ Excellent ☐ Good ☐ Fair ☐ Poor

How did you hear about this class?

☐ Flyer ☐ Family/friend ☐ church
☐ Senior Center ☐ Newspaper ☐ Doctor
☐ Mailing ☐ Other