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  ☐ Exercise
☐ Checking feet  ☐ Diabetes Medicine  ☐ Checking blood sugar
☐ High blood sugar  ☐ Low blood sugar  ☐ Dealing with stress
☐ Depression  ☐ What diabetes is  ☐ Complications
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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 to 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
