Behavioral Health Assessment

Name of Patient: ________________________  MR #: __________________
Name of Promoter: ______________________  Date: __________________

1. (SMBG) How many times a week do you check your blood sugar? __________

2. (Meal plan) What type of meal plan have you decided to follow?
   ___ small frequent meals
   ___ plate method
   ___ five or more fruits and vegetables a day
   ___ food guide pyramid
   ___ counting carbohydrates
   ___ other (please specify) _______________

3. (Meal Plan) In the last week, how many days of the week did you follow your meal plan? __________ (To follow it, you would have had to eat all 3 meals that day according to your chosen meal plan).

4. (Medications) How many times a day are you supposed to take medications to lower your blood sugar?
   ___ once a day
   ___ twice a day
   ___ three times or more

5. (Medications) How many times a week do you end up not taking your medication for blood sugar?
   ______ (a number)

6. (Exercise) How many minutes of moderate exercise (like fast walking, dancing) do you do in a day?
   ______ (a number)

7. (Exercise) How many days a week do you do some form of moderate exercise (like fast walking)?
   ______ (a number)