



Project Dulce®

Patient Name: _____

ID:

Pre:

Post:

DOB: / /

Date: / /

Clinic Name: _____

ID:

MRN # _____

Summary of Diabetes Self-Care Activities

Instructions: Thank you for taking the time to complete this! These questions below ask you about your diabetes self-care activities during the past 7 days. If you were sick during the past 7 days, please think back to the last 7 days that you were well. Please answer the questions honestly and accurately, select one answer per question and fill in the appropriate circle.

NUTRITION

1. How often did you follow your recommended food plan over the last 7 days? <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> I don't have a food plan diet
2. How often did you successfully limit your calories if recommended? <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> I'm not sure what is recommended as healthy eating for diabetes control
3. During the past week, how often did your meals include high fiber foods, such as fresh fruits, fresh vegetables, whole grain breads, dried beans and peas, and bran? <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
4. During the past week, how often did your meals include high fat foods such as butter, ice cream, oil, mayonnaise, salad dressing, bacon, other meat with fat or skin? <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never
5. During the past week, how often did your meals include sweets and desserts such as pie, cake, jelly, soft drinks (with sugar), cookies? <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never

EXERCISE

6. Of the last 7 days, how many days did you participate in 20 minutes or more of physical exercise? <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
7. Of the last 7 days, how often did you exercise the amount suggested by your doctor or health care provider? <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> My health care provider has not suggested an exercise program
8. Of the last 7 days, how often did you participate in a specific exercise session other than what you do around the house or as a part of work? <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7

GLUCOSE MONITORING

9. On how many of the last 7 days did you check your blood glucose level at least once? <input type="radio"/> Every day <input type="radio"/> Most days <input type="radio"/> Some days <input type="radio"/> Never
10. Over the last 7 days how often did you perform all the glucose monitoring recommended by your doctor or health care provider? <input type="radio"/> Every day <input type="radio"/> Most days <input type="radio"/> Some days <input type="radio"/> Never <input type="radio"/> My health care provider has not recommended I monitor my glucose

DIABETES MEDICATION

11. How many of your planned insulin injections did you take in the past 7 days? <input type="radio"/> All of them <input type="radio"/> Most of them <input type="radio"/> Some of them <input type="radio"/> None of them <input type="radio"/> I do not take insulin
12. How many of your recommended number of pills to control diabetes did you take in the past 7 days? <input type="radio"/> All of them <input type="radio"/> Most of them <input type="radio"/> Some of them <input type="radio"/> None of them <input type="radio"/> I do not take pills to control my diabetes