

Diabetic Patients:

1. When were you first told that you have diabetes? \_\_\_\_\_

2. What treatment was given at the time?

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

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4. What are you currently taking for your diabetes?

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

6. Any problems with the current diabetic medications?

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

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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 \_\_\_\_\_