



Do I know how to

Meal Planning		
Create my own meal plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use a glycemic index	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determine appropriate portion sizes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjust meals throughout the day if my blood sugar is too high or too low?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Read food labels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self monitoring of blood glucose		
Use a glucometer accurately	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpret my blood glucose readings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manage a blood sugar score that is very low or very high	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Store diabetic supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clean and care for my glucometer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of Insulin and/or oral diabetes medication		
Explain the action and side effects of my medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manage a missed dose or accidental double dose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inject my insulin safely and effectively	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotate sites for insulin injection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Properly store and dispose of diabetic supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foot Care		
Perform daily foot care and examination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determine what is appropriate footwear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sick day management		
Adjust diet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjust medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determine when to call a healthcare professional	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did we do the following tests?

HbA1C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney function, urinalysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cholesterol, LDL, HDL, and triglycerides (lipids)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foot Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dilated Eye Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Health Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did we review		
My current medications and supplements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My blood glucose targets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifestyle adjustments	<input type="checkbox"/> Yes	<input type="checkbox"/> No