Ponca Tribe of Nebraska Diabetes Program
DSMES Assessment:

Today's Date: _____

Name: _____

Date of Birth: _____

Social History:

What is your occupation if employed?

_____

What is the highest level of education you have completed? *(circle all that apply)*
Elementary school some high school high school some college college degree(s)

What is the best way for you to learn about your health? ***(****Check all that apply)*
□ Reading □ Listening □ Doing things (*hands on)* □ Learning with a group
□ Slides or videos □ One on One □ Talking/asking questions □ Demonstration

Do you use tobacco products (chew, vape, smoke)? □ Yes □ No
If yes, how many a day?_____ Type?_____

Do you drink alcohol (liquor, beer, wine, etc.)? □ Yes □ No
If yes, how much?_____ Type?_____ How often?_____

Do you do any activities for your health outside of your usual routine?
Walk bike swim run/jog dance other: _____
How often?_____
How many minutes per week?_____

Is there any reason you cannot do physical activity for your health?
□ Yes □ No
If yes, explain_____

Are there any foods or beverages that you do not eat or drink because of your faith or cultural beliefs? (either for a certain day/event or all of the time)
□ Yes □ No If yes, explain: _____

Do you follow a special diet? □ Yes □ No
If yes, explain: _____

Do you feel you have enough money to buy an adequate amount of food for your household? □ Yes □ No

If no, please circle the answer that best describes how the statement applies to you:

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.
   Often true sometimes true rarely true never true
2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.
   Often true sometimes true rarely true never true

Where do you get food from? *(Circle all that apply)*
Grocery store convenience store food pantry farmers markets home grown

Have you ever met with a dietitian? □ Yes □ No

<u>Health information:</u>
What types of diabetes do you have? _____

When were you diagnosed with diabetes? _____

Briefly explain how you first felt when you were diagnosed with diabetes:
_____
_____
_____

Do you check your blood sugar at home? □ Yes □ No If yes, how often?_____

What are your usual blood sugar results? (*Circle One)*
70-120 121-160 161-200 200-Over

What time(s) of the day do you check your blood sugars?
_____

Have you ever had a low blood sugar? □ Yes □ No If yes, how did it make you feel?_____

Have you ever been to the ER or hospitalized because of your diabetes?
□ Yes □ No
If yes, was it in the past year? _____

Do you have any of the following problems: (*Check all that apply)*
□ Vision Problems □ Hearing Problems □ Mobility Problems □ Loss of Sensation
□ Difficulty Reading □ Other _____

Do you have any of the following health conditions? *(Check all that apply)*
□ High blood pressure □ Heart Problems □ Kidney Problems □ Eye Problems
□ Numbness/pain, burning in feet or hands □ Sore feet □ Slow healing
□ Impotence □ Frequent infections (urinary/vaginal) □ Feeling of fullness after eating

Family Members with Diabetes: (*Check all that apply)*
□ Parents □ Brother/Sister □ Grandparents □ Grandchildren
□ Spouse □ Children □ Aunts/Uncles

Check all of the following things that have happened in the past year:

	Had an eye exam by an eye doctor
	Had feet checked by a health care provider
	Had a dental exam
	Had a flu vaccination
	Had a pneumonia vaccination
	Had a COVID19 vaccination
	Had blood pressure checked
	Had cholesterol check
	Got help to stop smoking (only applicable for smokers)
	Had A1c checked

<u>Behavioral and emotional information:</u>
What stage of change would you say you are in? *(Check one)*
□ Pre-contemplation: not considering making changes
□ Contemplation: uncertain about making changes
□ Preparation: are currently trying to make changes
□ Action: have been making changes for 3-6 months
□ Maintenance: have made commitment to sustaining new behavior for at least 6 months

How would you rate your willingness to learn new ways to taking better care of yourself and your diabetes on a scale of 1 to 10?_____ (*1 being not willing, 10 being very willing)*

Circle any of the following which describe your feelings about learning how to take care of your diabetes?

Angry Frightened Optimistic Not Necessary

Not Concerned Overwhelmed Puzzled

Check the topics you would like to learn more about in regards to your diabetes:

- □ What is Diabetes
- □ Healthy Coping with Diabetes
- □ Monitoring blood sugars
- □ Being Active
- □ Reducing Risks for Complications
- □ Healthy Eating
- □ Taking Medication
- □ Problem Solving
- □ Foot Care
- □ Diabetes and Pregnancy

How satisfied are you with your current diabetes plan (medicine, activity, tests, exams, support)?

Very satisfied Moderately satisfied Neither Moderately dissatisfied Very dissatisfied

How satisfied are you with the amount of time it takes to manage your diabetes?

Very satisfied Moderately satisfied Neither Moderately dissatisfied Very dissatisfied

What do you feel is most important for you to learn about diabetes so you can better manage your blood sugars?

_____

_____

_____

_____

Other Comments:

_____

_____

_____

Patient Signature: _____