

Diabetes Concerns Assessment Form

Please answer the following questions before your visit. Your answers will help ensure that your concerns are addressed.

1. What is hardest or causing you the most concern about caring for your diabetes at this time? (e.g. following a diet, medication, stress) _____

2. Please write down a few words about what you find difficult or frustrating about the concern you mentioned above. _____

3. How would you describe your thoughts or feelings about this issue? (e.g. confused, angry, curious, worried, frustrated, depressed, hopeful) _____

4. What would you like us to do during your visit to help address your concern? (Please circle the letters in front of all that apply)

A. Work with me to come up with a plan to address this issue.

B. I don't expect a solution. I just want you to understand what it is like for me.

C. Refer me to another health professional or other community services

5. I would like answers to the following questions at this visit: _____

6. I would like answers to these questions at some future visit: _____

7. Other (Please Explain) _____

Thank you