

DIABETES KNOWLEDGE ASSESSMENT

Name: _____

Date: _____

PLEASE CIRCLE THE BEST ANSWER. ONLY ONE ANSWER IS THE BEST.

1. A person with diabetes has:
 - A. Too much insulin and not enough sugar in the blood
 - B. Too much insulin and too much sugar in the blood
 - C. Too much sugar and not enough insulin in the blood

2. When my sugars are high I might feel:
 - A. Thirsty and go to the bathroom often
 - B. Shaky and sweaty
 - C. Like I have more energy

3. Diabetes can damage my:
 - A. Hearing
 - B. Smelling
 - C. Eyes, Heart, Kidneys, Nerves, and feet

4. If my blood sugar is low, I might feel:
 - A. Thirsty and go to the bathroom more often
 - B. Sweaty and shaky
 - C. Like I have more energy

5. When my sugar is low, what can I eat or drink to bring my sugar up?
 - A. Diet soda
 - B. Vegetables
 - C. Juice or regular soda

6. Some good things to carry with me in case my sugar gets low are:
 - A. Candy bars
 - B. raisins or peppermints
 - C. crackers

7. If I have 2-3 days of high or low sugars and I do not know why I should:
 - A. Wait to the next time I see my doctor
 - B. Stop taking my diabetes medicine
 - C. Call my clinic or diabetes nurse

8. I should check my feet once a day because:
- A. The nurse said so
 - B. A simple sore could turn into a major problem
 - C. It does not matter if I check my feet
9. Exercise can:
- A. Help lower my blood sugar
 - B. Does not do anything to my blood sugar
 - C. Hurt my body
10. If I have any questions I should:
- A. Wait until I see my doctor
 - B. Go to the Emergency Room
 - C. Call my clinic or diabetes nurse
11. My diabetes medicine should be taken:
- A. Everyday at about the same time of day
 - B. Only when I feel bad
 - C. It is OK to miss my diabetes medicine sometimes

Perceived Competence Scale for Diabetes

Help us better understand your needs. Please respond to each of the following items in terms of how true it is for you with respect to dealing with your diabetes. Use the scale:

	1	2	3	4	5	6	7
	not at all			somewhat			very
	true			true			true
1. I feel confident in my ability to manage my diabetes.	0	0	0	0	0	0	0
2. I am capable of handling my diabetes now.	0	0	0	0	0	0	0
3. I am able to do my own routine diabetic care now.	0	0	0	0	0	0	0
4. I feel able to meet the challenge of controlling my diabetes.	0	0	0	0	0	0	0