

Improving diabetes care Royal Infirmary of Edinburgh

Name: _____ Date: _____

In order to get the most out of your diabetes clinic consultation, we would be grateful if you could complete this brief set of questions, each time you attend the clinic. Please hand the completed form to your clinic doctor.

Are there any specific issues which you would like to discuss during your appointment today?

Some common topics are listed on the back page

If you would like to access your diabetes clinic results and letters, please provide your email address (this will give you access to the 'my diabetes my way' website):

@

1. Please fill in the types of insulin you are taking and the typical doses (or the approximate range of doses if these vary day-to-day):

	Morning	Lunch	Evening meal	Before bed
Insulin name:	units	units	units	units
Insulin name:	units	units	units	units

2. a. Where do you inject your insulin?

b. What size of needles do you use? mm or Don't know

c. Are you having any problems with your insulin injection sites? Yes No

3. Do you 'carbohydrate [carb] count'?

Yes

No

Don't know

Go to question 4

Go to question 6

Go to question 6

4. What are your insulin to carbohydrate ratios (e.g. 1 unit for 10 grams carbohydrate [1 CP])

Breakfast	Lunch	Evening meal

Please turn over...

5. What is your 'correction factor' (i.e. How much does 1 unit of insulin lower your blood sugar)?

Correction factor:

or

Don't know

6. When do you usually (i.e. most often) take your quick acting insulin?

15 – 20 minutes
before meals

Just before meals

With meals

After meals

7. How often do you typically check your blood sugar levels?

More than 4
times per day

4 times
per day

3 times
per day

2 times
per day

1 time
per day

8. Hypoglycaemia (low blood sugar) questions

a. Tick the category that best describes you (tick **one** only):

I always have symptoms when my blood sugar is low

I sometimes have symptoms when my blood sugar is low

I no longer have symptoms when my blood sugar is low

b. Have you lost some of the symptoms that used to occur when your blood sugar was low?

Yes

No

c. In the past 6 months, how often have you had hypoglycaemic episodes, where you might feel confused, disorientated, or lethargic **AND WERE UNABLE TO TREAT YOURSELF?**

Never

Once or twice

Every other month

Once a month

More than once a month

d. In the past year, how often have you had hypoglycaemic episodes, where you were **unconscious** or had a **seizure** and needed glucagon or intravenous glucose?

Never

1 time

2 times

3 – 5 times

5 – 10 times

10 or more times

e. How often in the last month have you had readings less than 3.5 mmol/L with symptoms

Never

1 – 3 times

1 time per week

2 – 3 times per week

4 – 5 times per week

Almost daily

Questionnaire continues >

f. How often in the last month have you had readings less than 3.5 mmol/L **without** any symptoms?

Never

1 – 3 times

1 time per week

2 – 3 times per week

4 – 5 times per week

Almost daily

g. How low does your blood sugar need to go before you feel symptoms?

3.4 – 3.9 mmol/L

2.8 – 3.3 mmol/L

2.2 – 2.7 mmol/L

Less than 2.2 mmol/L

h. To what extent can you tell by your symptoms that your blood sugar is low?

Never

Rarely

Sometimes

Often

Always

i. Do you always know when your hypos are commencing? Please circle a number.

Always aware

1

2

3

4

5

6

7

Never aware

9. Do you have a driving licence?

Yes

Go to question 10

No

Go to question 11

10. Prior to driving, do you check your blood sugar level and ensure it is above 5 mmol/L? Yes No

When driving, do you keep short-acting carbohydrate and a blood sugar meter in your car? Yes No

If your blood sugar falls below 4 mmol/L, do you wait at least 45 minutes after it is above 5 mmol/L before driving again? Yes No

11. Do you smoke? Yes No

12. **Question for male patients**

In the past year, have you experienced any difficulty in achieving or maintaining an erection? Yes No

Prefer not to answer

Please turn over...

13. General well-being questions

Please **circle** the number beside the response closest to how you have been feeling in the last week for each of the 14 questions. Don't think about it for too long – your immediate response is best.

D	A	
		I feel tense or 'wound up':
3		Most of the time
2		A lot of the time
1		From time to time, occasionally
0		Not at all
		I still enjoy the things I used to enjoy:
0		Definitely as much
1		Not quite so much
2		Only a little
3		Hardly at all
		I get a sort of frightened feeling as if something awful is about to happen:
3		Very definitely and quite badly
2		Yes, but not too badly
1		A little, but it doesn't worry me
0		Not at all
		I can laugh and see the funny side of things:
0		As much as I always could
1		Not quite so much now
2		Definitely not so much now
3		Not at all
		Worrying thoughts go through my mind:
3		A great deal of the time
2		A lot of the time
1		From time to time, but not too often
0		Only occasionally
		I feel cheerful:
3		Not at all
2		Not often
1		Sometimes
0		Most of the time
		I can sit at ease and feel relaxed:
0		Definitely
1		Usually
2		Not Often
3		Not at all

D	A	
		I feel as if I am slowed down:
3		Nearly all the time
2		Very often
1		Sometimes
0		Not at all
		I get a sort of frightened feeling like 'butterflies' in the stomach:
0		Not at all
1		Occasionally
2		Quite Often
3		Very Often
		I have lost interest in my appearance:
3		Definitely
2		I don't take as much care as I should
1		I may not take quite as much care
0		I take just as much care as ever
		I feel restless as I have to be on the move:
3		Very much indeed
2		Quite a lot
1		Not very much
0		Not at all
		I look forward with enjoyment to things:
0		As much as I ever did
1		Rather less than I used to
2		Definitely less than I used to
3		Hardly at all
		I get sudden feelings of panic:
3		Very often indeed
2		Quite often
1		Not very often
0		Not at all
		I can enjoy a good book or radio or TV program:
0		Often
1		Sometimes
2		Not often
3		Very seldom

FINALLY...

Here are a selection of topics which people are often keen to discuss in the diabetes clinic. If you would like to talk about any of these issues, please circle them:

Using blood glucose monitor	Recording blood glucose results	Adjusting insulin	Injection sites				
Carbohydrate counting	Correction doses	Repeat prescriptions	Getting appointments	Hypos			
What to do when unwell	Diet	Exercise	Driving	Travel	Alcohol	Smoking	Feet
High blood sugars	HbA1c	Contraception	Eyes	Kidneys	Blood pressure	Cholesterol	