

Prospect Baseline

Assess Baseline: Patient Name: _____ Date of Birth: _____

- When were you diagnosed with diabetes? In number of years _____
- Date started using insulin: _____
- How long have you been using your current insulin? _____
- Please describe your typical day with respect to pattern of insulin injections, blood sugar testing, meals and typical sleep time:

Activity	Times	Inject	Test	Comments
Get Up	AM	<input type="checkbox"/>	<input type="checkbox"/>	
Eat Breakfast	AM	<input type="checkbox"/>	<input type="checkbox"/>	
Eat Lunch	PM/AM	<input type="checkbox"/>	<input type="checkbox"/>	
Evening Meal	PM	<input type="checkbox"/>	<input type="checkbox"/>	
Bedtime	PM	<input type="checkbox"/>	<input type="checkbox"/>	
Nighttime	PM	<input type="checkbox"/>	<input type="checkbox"/>	

- Have you ever adjusted your insulin doses? Yes No
If yes, please describe (e.g. using sliding scale): _____
- Have you ever experienced hypoglycemia symptoms? Yes No
If yes, please fill out the following:
 When/how often? Details: _____
 What were your symptoms? _____
 Did you check your blood sugar? _____
 If yes, what was your blood sugar reading? _____
 What did you do to treat your hypoglycemia? _____
 How did you know you were fine after treating it? _____
- Do you know your recent HbA1c (record value)? _____

What are your goals with respect to your diabetes?
