

Case Manager Follow-Up Data

1-Has anything changed from the last case manager visit? (example: address, work, who you are living with)
(circle) YES NO If yes, what? _____

2- What type of physical activity do you do? How long? How many times/week?

1 = walk	_____	_____
2 = run	_____	_____
3 = sports (type)	_____	_____
4 = work is physically active (so no extra physical activity)		
5 = none		

Total # hours/week doing physical activity = _____

3- How often do you eat each day? (include snacks & meals)

0 = 1-2/day
1 = 3-4/day
2 = 5-6/day
3 = > 6/day

4- Do you use the plate method? 1= YES 2 = NO

5- Do you take your medicines everyday? 1 = YES 2 = NO

If NO, why? 1= forget
2 = refuse
3 = ran out
4 = other

6- Do you check your blood sugar at home? 1= YES 2 = NO If YES, how often per week _____

If NO, why? 1 = no monitor
2 = no strips
3 = afraid
4 = other

7. How often do you check your feet? 1 = once a day
2 = once a week
3 = never

8. Do you feel you are better able to manage your diabetes now than before you entered the program?
Why/why not? _____

9- Do you think the six-month appointment slip is useful in keeping track of your appointments?
1= YES 2= NO IF NO, why not? _____

10- Do you have a portable record? 1= YES 2= NO
If YES, do you find it useful? 1= YES 2= NO

11- Have you seen the shining stars bulletin board in the hallway? 1= YES 2= NO
If YES, does reading about the people motivate you to make healthier lifestyle choices? (example to eat better, exercise etc) 1= YES 2= NO

PATIENT NAME: _____

DOB: _____

DATE Completed: _____

Staff Initials: _____