

<p>Do you self-monitor your blood glucose? Yes / No</p> <p>If yes, How frequently? (check one)</p> <p><input type="checkbox"/> varies <input type="checkbox"/> once a <i>day</i></p> <p><input type="checkbox"/> 1-4 times a <i>week</i> <input type="checkbox"/> 2-3 times <i>day</i></p> <p><input type="checkbox"/> 5-6 times a <i>week</i> <input type="checkbox"/> ≥ 4 times a <i>day</i></p> <p>How often were your blood glucose values in your target range: (check one)</p> <p><input type="checkbox"/> do not know target range</p> <p><input type="checkbox"/> never</p> <p><input type="checkbox"/> rarely</p> <p><input type="checkbox"/> sometimes</p> <p><input type="checkbox"/> most of the time</p> <p><input type="checkbox"/> always</p>	<p>List All Applicable Medications (DM, HTN, Lipid meds and oral steroids)</p>	<p>Dose</p>	<p>Frequency</p>

Please tell us how much you agree with the following statements:

After talking with the Dietitian:	<i>not at all</i>	<i>somewhat</i>	<i>yes</i>	<i>yes, definitely</i>
I knew what to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt in control of my Diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt better emotionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt more motivated to make changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt better able to increase my activity levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I followed the dietary guidelines he/she provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is it to you to be able to see a dietitian? (circle one)				
not at all	somewhat important	important	very important	