Wisconsin Dietetic Association's Type 2 Diabetes Outcomes Study

6 Month Follow-up Report

Date:	Wt: _____lbs Date________	**Patient ID#:___ ___ ___ ___ ___**

Have you seen a different Dietitian since our last meeting? ☐ **Yes** ☐ **No**

(If yes, please enter as an additional session on Intervention Record and check all topics covered.)

Did you get your labs drawn yet? ☐ **Yes** ☐ **No** **(If no, prompt patient to do so)**

Lab	**Value**	**Date**	**Lab**	**Value**	**Date**
Total Chol	mg/dl		HgA1c	% mg/dl	
LDL	mg/dl		Fasting Glucose	mg/dl	
HDL	mg/dl		**Blood Pressure:**		**Date:**
Triglycerides	mg/dl		**Are you a smoker?** ☐ **Yes** ☐ **No**		
☐ **Baseline Lipids WNL**			***If yes,*** **reduced in last 3 months?** ☐ **Yes** ☐ **No**		

Diet/Lifestyle Questions	never	seldom	sometimes	often	always	NA
How often do you modify recipes to reduce fat?	☐	☐	☐	☐	☐	☐
How often do you use healthy cooking techniques?	☐	☐	☐	☐	☐	☐
How often do you choose food based on the ***grams of fat*** listed on label?	☐	☐	☐	☐	☐	☐
How often do you make food selections based on the ***type of fat*** they contain?	☐	☐	☐	☐	☐	☐
How often do you make restaurant selections based on fat content?	☐	☐	☐	☐	☐	☐

How much exercise do you get*?** (check the ***best answer below)

☐ ***No exercise at all***. (*If checked)* Is this due to physical restriction? ☐ **Yes** ☐ **No**

☐ ***No specific exercise routine*** (stays active doing housework, chores, gardening, etc.)

☐ ***Light exercise*** (3 or more times per week: take casual walks with dog, spouse, friend etc., never really have to "huff and puff" very much).

☐ ***Fairly Moderate*** (3 or more times per week: take walks as above, but put some speed into it. May have to take a deep breath occasionally, and may break into a light sweat. Activity lasts for at least 20-30 minutes).

☐ ***Moderate*** (3 or more times per week: perform an activity such as speed walking, jogging, cycling, stair-climbing, etc. that results in excessive "huffing and puffing," moderate to heavy sweating, and lasts at least 20-30 minutes).

☐ ***Heavy*** (5 or more times per week perform an activity as above, but with very high intensity or for a long duration--such as 1-3 hours. *Unless you are training for an endurance or speed competition you are most likely not in this category*).

 Patient ID # ____ ____ ____ ____ ____

Do you self-monitor your blood glucose?

Yes / No

If yes, How frequently? (check one)

- ☐ varies
- ☐ once a *day*
- ☐ 1-4 times a *week*
- ☐ 2-3 times *day*
- ☐ 5-6 times a *week*
- ☐ $\geq$ 4 times a *day*

How often were your blood glucose values in target range: (check one)

- ☐ do not know target range
- ☐ never
- ☐ rarely
- ☐ sometimes
- ☐ most of the time
- ☐ always

List All Applicable Medications (DM, HTN, Lipid meds and oral steroids)	**Dose**	**Frequency**

How many unplanned visits have you had to your physician in the last 6 months? ________
How many times have you visited an Emergency Room in the last 6 months? ________
How many admissions to the hospital have you had in the last 6 months? ________
How many days have you missed from work due to your own illness in the last 6 months? ________
How would you compare your current overall health with that of 6 months ago? (circle one)

worse **the same** **somewhat better** **better** **much improved**

How satisfied are you with your current health insurance plan: (Check one)

☐ very dissatisfied ☐ dissatisfied ☐ neither satisfied, nor dissatisfied ☐ satisfied ☐ very satisfied

Are Dietitian visits covered by your insurance? (circle one) Yes No Don't know

How many visits were covered for this referral?________ ☐ Don't know

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

After talking with the Dietitian:	*not at all*	*somewhat*	*yes*	*yes, definitely*
I knew what to eat.	☐	☐	☐	☐
I felt in control of my Diabetes.	☐	☐	☐	☐
I felt better emotionally.	☐	☐	☐	☐
I felt more motivated to make changes	☐	☐	☐	☐
I felt better able to increase my activity levels.	☐	☐	☐	☐
I followed the dietary guidelines he/she provided.	☐	☐	☐	☐

How important is it to you to be able to see a dietitian? (circle one)

not at all somewhat important important very important

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