

DIABETES KNOWLEDGE ASSESSMENT

APhA Foundation



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DIABETES KNOWLEDGE ASSESSMENT

APhA Foundation

36 Questions

Directions:

The assessment contains a total of 36 questions. The purpose of this assessment is to determine how much you currently know about diabetes and the best ways to manage it. The results of the assessment will be helpful to developing a plan to meet your individual needs for managing your diabetes. You and the pharmacist will work together to help you learn all of the material covered in the assessment.

Your feedback about this assessment is very important because the assessment is a part of an important pilot project you are participating in. After you are finished, you will be asked to fill out a survey about the assessment to provide feedback on how to improve this assessment for use in helping others to manage their diabetes.

Each question is followed by four possible answers. Select the best answer for each question and fill in the corresponding lettered space on the answer sheet. Mark only one answer for each question.

Let the assessment administrator know when you are finished, and he/she will collect your booklet and answer sheet. He/she will then score your assessment and the pharmacist will go over the results with you to develop a plan that meets your needs for learning more about managing your diabetes.

Your score is based on the number of questions you answer correctly. There is no penalty for guessing, so try to answer every question, even if you must guess.

REMEMBER TO MARK ALL OF YOUR ANSWERS ON THE SEPARATE ANSWER SHEET, and be sure that each mark is heavy and dark and completely fills the answer space. If you change an answer, be sure to completely erase the previous mark.

1. Insulin helps your body to
 - A. turn sugar into energy
 - B. increase blood sugar
 - C. make red blood cells
 - D. make protein

2. Hyperglycemia refers to
 - A. high blood sugar
 - B. low blood sugar
 - C. high blood pressure
 - D. low blood pressure

3. Shaking and sweating are possible symptoms of
 - A. high blood sugar
 - B. low blood sugar
 - C. nerve damage
 - D. eye damage

4. To treat mild low blood sugar, you could do all of the following **EXCEPT**
 - A. take 3 glucose tablets
 - B. drink half a cup of fruit juice
 - C. eat 2 tablespoons of raisins
 - D. drink extra water

5. One of the leading complications of diabetes is
 - A. cancer
 - B. heart disease
 - C. bone damage
 - D. muscle spasms

6. Numbness and tingling in your hands or feet may be symptoms of
 - A. nerve disease
 - B. kidney disease
 - C. heart disease
 - D. liver disease

7. Pills taken for diabetes are designed to
 - A. help manage type 2 diabetes better
 - B. transform type 1 diabetes into type 2 diabetes
 - C. block the action of insulin
 - D. cure diabetes

8. You should stop taking oral medication when you
 - A. have blood sugar levels in the normal range
 - B. experience a long-term illness
 - C. change your diet
 - D. have been told to do so by your doctor

9. You are taking pills for your diabetes and you have developed a rash. What should you do?
 - A. Take fewer pills each day
 - B. Take more pills each day
 - C. Stop taking the pills
 - D. Tell your doctor or healthcare team

10. Which of the following is an appropriate way to dispose of used syringes, needles and lancets?
 - A. Place them in a convenient garbage can.
 - B. Flush them down the toilet.
 - C. Place them in a plastic bag.
 - D. Place them in an appropriate container approved by your healthcare provider.

11. The best site for an insulin injection is
 - A. the abdomen
 - B. a blood vessel
 - C. the foot
 - D. a finger

12. When you travel, your medications and supplies should be
- A. packed in your luggage
 - B. carried with you
 - C. left at home
 - D. sent ahead to your destination
13. If you take your morning insulin but skip breakfast, your blood sugar level usually will
- A. increase
 - B. decrease
 - C. stay the same
 - D. fluctuate dramatically
14. If your blood sugar is over 300 mg/dL for several tests, you should
- A. increase oral medication or insulin
 - B. stop eating carbohydrates
 - C. begin exercising more frequently
 - D. call your doctor or other healthcare professional
15. A glycosylated hemoglobin test (A1c) measures blood sugar control over the past
- A. hour
 - B. day
 - C. week
 - D. 8 to 12 weeks
16. Blood sugar monitoring indicates
- A. the level of glucose in the blood
 - B. the level of insulin in the blood
 - C. whether ketones are present
 - D. whether complications of diabetes are present
17. When should self-monitoring of blood sugar be performed?
- A. Only before breakfast
 - B. Only before lunch
 - C. Only before dinner
 - D. When directed by your healthcare professional

18. You check your blood sugar level at bedtime and notice that it is much lower than usual. You think you may have made a mistake. The best thing to do is to
- A. write down what you think it is
 - B. test again
 - C. leave a blank space
 - D. write down what it normally is
19. When should patients with diabetes be assessed by their physician?
- A. Every 3 months
 - B. Every year
 - C. Every 2 years
 - D. Only after complications develop
20. A primary goal of monitoring blood sugar is to
- A. reduce blood sugar levels
 - B. determine how much protein to eat
 - C. determine if you are taking the right amount of medicine at the right times
 - D. determine the amount of stress in your life and how to reduce it
21. In overweight patients with diabetes, losing weight may accomplish all of the following **EXCEPT**
- A. help the body use insulin better
 - B. lower blood sugar
 - C. decrease the risk of heart disease
 - D. change diabetes from type 2 to type 1
22. A “free food” is a food that has
- A. no sugar
 - B. no salt
 - C. no fat
 - D. less than 20 calories per serving

23. What effect does unsweetened fruit juice have on blood sugar?
- A. It lowers blood sugar.
 - B. It raises blood sugar.
 - C. It has no effect.
 - D. It raises and then lowers blood sugar.
24. Eating foods that are low in fat may decrease the risk of
- A. nerve disease
 - B. kidney disease
 - C. heart disease
 - D. eye disease
25. Which of the following foods contains monounsaturated, or “good,” fat?
- A. Bacon
 - B. Sour cream
 - C. Butter
 - D. Olive oil
26. All of the following foods provide fiber **EXCEPT**
- A. beans
 - B. oats
 - C. apples
 - D. milk
27. Which of the following is a good source of carbohydrates?
- A. Egg whites
 - B. Low-fat mayonnaise
 - C. Whole-grain bread
 - D. Lean roast beef
28. Regular exercise may do all of the following **EXCEPT**
- A. improve cholesterol levels
 - B. improve blood sugar management
 - C. help with weight management
 - D. decrease the action of insulin

29. If your blood sugar is less than 80 mg/dL before exercise, you should
- A. lie down
 - B. eat a snack
 - C. call your doctor immediately
 - D. exercise lightly
30. When exercising, you should always carry
- A. a snack
 - B. a spare pair of shoes
 - C. your blood sugar monitor
 - D. your diabetes medication
31. For a person with diabetes, smoking is most likely to increase the risk of
- A. skin damage
 - B. nerve damage
 - C. cardiovascular damage
 - D. eye damage
32. Which of the following is **NOT** a positive way to manage stress?
- A. Exercise
 - B. Meditation
 - C. Deep breathing
 - D. Smoking
33. You should see an eye doctor at least every
- A. 3 months
 - B. 6 months
 - C. 12 months
 - D. 24 months
34. An illness usually has what effect on blood sugar?
- A. An increase
 - B. A decrease
 - C. No effect
 - D. An increase then a decrease

35. The best way to take care of your feet is to
- A. inspect them every day
 - B. massage them with alcohol every day
 - C. soak them in warm water for 1 hour every day
 - D. buy shoes one size larger than normal
36. Ways to help cope with diabetes include all of the following **EXCEPT**
- A. reduce stress
 - B. increase exercise
 - C. change physicians
 - D. attend support groups

END OF ASSESSMENT. WHEN YOU ARE FINISHED, PLEASE COMPLETE THE COMMENT FORM. THEN, LET THE ASSESSMENT ADMINISTRATOR KNOW YOU ARE FINISHED AND RETURN ALL OF YOUR ASSESSMENT MATERIALS.



ID Code: _____ - _____ - _____

Date Completed: ____ / ____ / ____
MM DD YYYY

Diabetes Knowledge Assessment Scoring Sheet

I. MEDICAL	Correct?
1. A	
2. A	
3. B	
4. D	
5. B	
6. A	
Section I score	____ of 6

II. MEDICATION	Correct?
7. A	
8. D	
9. D	
10. D	
11. A	
12. B	
13. B	
Section II score	____ of 7

III. MONITORING	Correct?
14. D	
15. D	
16. A	
17. D	
18. B	
19. A	
20. C	
Section III score	____ of 7

IV. MEALS	Correct?
21. D	
22. D	
23. B	
24. C	
25. D	
26. D	
27. C	
Section IV score	____ of 7

V. MOTION	Correct?
28. D	
29. B	
30. A	
Section V score	____ of 3

VI. MANAGEMENT	Correct?
31. C	
32. D	
33. C	
34. A	
35. A	
36. C	
Section VI score	____ of 6

TOTAL SCORE	____ of 36
BEGINNER < 25	
PROFICIENT 25-31	
ADVANCED 32-36	

APhA Foundation Patient Self-Management: Diabetes Skills Assessment

Blood Glucose Monitoring

Proficiency Checklist

Note: the following can either be observed directly or determined by the answers to the questions below.

Checklist	Notes	Yes	No	Level*
1. Monitors when directed				B
2. Inserts lancet				B
3. Cleans (disinfects) site				B
4. Prepares monitor by adjusting settings				P
5. Checks strip number and/or code, if applicable				P
6. Uses lancet to draw sufficient sample of blood				P
7. Applies blood to strip				P
8. Selects appropriate site for testing				P
9. Interprets reading correctly				P
10. Disposes of lancet and strip properly				P
11. Knows situations that require increased monitoring (i.e., when sick, changing exercise program)				P

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____ Number of *Proficient* items marked “Yes” _____

Questions for the Participant

**Satisfactory
Answer?**

Question	Yes	No	Level*
12. What is your ideal fasting range?			B
13. How close are you to your ideal?			B
14. At what point should you call your doctor?			B
15. When do you monitor your glucose levels (e.g., at least 2-3 times per day)?			B
16. What do you think affects your blood glucose levels (e.g., diet, medication, exercise, stress, illness)?			A
17. What else can your monitor do (e.g., give average, give past readings)?			A
18. When would you question the accuracy of the reading and what would you do?			A
19. How would you manage large fluctuations in your blood sugar values?			A

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____ Number of *Advanced* items marked “Yes” _____

APhA Foundation Patient Self-Management: Diabetes Skills Assessment

Blood Glucose Monitoring

Preferred Responses

1. Monitors when directed.
 - Patient is able to verbalize their individualized monitoring plan and includes specific reference to meals and situational monitoring.

2. Inserts lancet.
 - Patient can show or verbalize how to insert lance and prepare lancet device for use

3. Cleans (disinfects) site
 - Patient cleans site with soap and water before proceeding with lancing

4. Prepares monitor by adjusting settings
 - Patient can show or verbalize how to adjust time/date and code on monitor with confidence

5. Checks strip number and/or code , if applicable
 - Patient verifies strip number or code with that which is entered into the meter before proceeding with testing

6. Uses lancet to draw sufficient sample of blood
 - Upon lancing, patient draws enough blood for particular meter to avoid error. Demonstrates proper technique for blood collection.

7. Applies blood to strip
 - Patient applies blood to test strip within meter allotted time and applies to correct area of test strip. Patient has no problem collecting the correct amount of blood

8. Selects appropriate site for testing
 - Correct site is used for purpose (i.e. if rapidly changing glucose, fingertip is used).

9. Interprets reading correctly
 - Patient can verbalize if reading is within goal. Patient can interpret and explain what reading represents
10. Disposes of lancet and strip properly
 - Patient uses sharps container. Must be appropriate durable plastic container with screw-on top
11. Knows situations that require increased monitoring (i.e. when sick changing exercise program)
 - Patient can verbalize situations that require increases in monitoring (i.e. sick day) and can verbalize when these situations require increased monitoring.
12. What is your ideal fasting range?
 - Patient can verbalize desired fasting blood glucose range with confidence.
13. How close are you to your ideal?
 - Patient can report recent blood glucose values and relationship to goal
14. At what point should you call your doctor?
 - Patient can verbalize situation when doctor should be contacted (i.e. > 200 for 5 to 7 days, > 300 on any one occasion, or 2 or more episodes of hypoglycemia per day or > 3 episodes per week)
15. When do you monitor your glucose levels?
 - Patient reports when they measure their blood glucose. Patient has plan for consistently rotating or measuring glucose levels
16. What do you think affects you blood glucose levels?
 - Patient can report types of foods or conditions that alter glucose levels and explain why (i.e. exercise, diet, stress, illness, medication, etc...)
17. What else can your monitor do?
 - Patient can verbalize and understands complexities of monitor. Can list additional features (i.e. memory, averaging, alternate site testing)

18. When would you question the accuracy of the reading and what would you do?
- Patient identifies and reports times when a reading would be questioned. Verbalizes plan of action if accuracy is in question.
19. How would you manage large fluctuations in your blood sugar values?
- Patient explains plan on how to manage large fluctuations in blood glucose (i.e. uses more insulin in certain instances, or keeps glucose tablets on hand)

APhA Foundation Patient Self-Management: Diabetes Skills Assessment Nutrition Plan

Proficiency Checklist

Note: the following can either be observed directly or determined by the answers to the questions below.

Checklist	Notes	Yes	No	Level*
1. What affect does body weight (e.g., obesity) have on blood sugar management?				B
2. Why is meal planning important?				B
3. What affect do carbohydrates have on blood sugar levels?				B
4. What affect does sodium have on health?				P
5. What are the different kinds of fat and how do they affect your health?				A

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____
 Number of *Advanced* items marked “Yes” _____

Number of *Proficient* items marked “Yes” _____

Questions for the Participant

Satisfactory Answer?

Question	Yes	No	Level*
<i>Questions 8-12 refer to a food label</i>			
6. What is the serving size?			P
7. How many carbohydrates per serving?			P
8. How much fat per serving?			P
9. How much sodium per serving?			P
10. What food types have the most carbohydrates?			P
11. You’re having dinner at a friend’s house tonight and there is no special meal for diabetes. What things will you consider when eating this meal?			A

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____

Number of *Advanced* items marked “Yes” _____

APhA Foundation Patient Self-Management: Diabetes Skills Assessment

Nutrition Plan

Preferred Responses

1. What affect does body weight (e.g., obesity) have on blood sugar management?
 - When someone is overweight or obese, blood sugar management becomes difficult. With the overweight/obese patient, insulin resistance may occur. Because the body becomes insulin resistance, glucose is not able to enter into the cell and causes the blood sugar to rise.
2. Why is meal planning important?
 - Meal planning is important to help the patient have a steady intake of carbohydrates and sugars. Meal planning allows the patient to be prepared and help to control the amount of CHO eaten through out the day. It also helps to prevent hypoglycemic and hyperglycemic episodes.
3. What affect do carbohydrates have on blood sugar levels?
 - Carbohydrates will cause the blood sugar levels to rise, especially if a large amount of CHO are eaten.
4. What affect does sodium have on health?
 - Sodium may increase the blood pressure. It will not have an effect on blood sugar. It is recommended to try to limit the sodium to 2.4 grams per day.
5. What are the different kinds of fat and how do they affect your health?
 - There are “good” fats (unsaturated) and “bad” fats (saturated). “Good” fats help lower cholesterol and reduce your risk for heart disease. “Bad” fats cause clogging of the arteries, increase risk for heart attach and stroke, and lead to weight gain
6. What is the serving size?
 - Refer to a food label

7. How many carbohydrates per serving?
 - Refer to a food label

8. How much fat per serving?
 - Refer to a food label

9. How much sodium per serving?
 - Refer to a food label

10. What food types have the most carbohydrates?
 - Foods that have the most carbohydrates include: bread (esp. white bread), pasta, potatoes, rice, beans, peas, corn, fruit, dairy/milk products.

11. You're having dinner at a friend's house tonight and there is no special meal for diabetes. What things will you consider when eating this meal?
 - If you are going to have a high CHO intake for one meal, you could decrease the amount of CHO with the other meals throughout the day, you could increase your exercise for that day, or you could try to snack on healthier low CHO foods prior to going to the meal so that you are not as hungry and you will hopefully eat less. If you are on insulin, you may have to increase your supper time dose of regular insulin. You can also increase your portions of lower carbohydrate foods and decrease portions of higher carbohydrate foods.

**APhA Foundation Patient Self-Management: Diabetes Skills Assessment
Medication Administration and Situational Dose Adjustment: Oral Medication**

Questions for the Participant

**Satisfactory
Answer?**

Question	Yes	No	Level*
1. What is the name of your medication?			B
2. When should you take your medication?			B
3. What does your medication do?			P
4. Where should you store your medication?			P
5. What should you do if you miss a meal or eat an extra meal?			P
6. What should you do if you miss a dose?			A
7. What plan should you use to make sure you do not forget to take your medication?			A

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____

Number of *Proficient* items marked “Yes” _____

Number of *Advanced* items marked “Yes” _____

APhA Foundation Patient Self-Management: Diabetes Skills Assessment Medication Administration and Situational Dose Adjustment: Oral Medication

Preferred Responses

1. What is the name of your medication?
 - Patient should be able to either state his or her medications, provide a list of medications, (i.e. its shape, color, and function)
2. When should you take your medication?
 - Medication should be taken as directed. Certain medications, such as sulfonylureas, should be taken 30 minutes before a meal. Others, such as statins, are recommended to be taken at bedtime.
3. What does your medication do?
 - Patient should be able to describe what each pill is indicated for. Example: “My Actos is for my diabetes to help lower my blood sugar and my Lipitor helps me lower my cholesterol.”
4. Where should you store your medication?
 - Medication should be stored at room temperature unless otherwise indicated. It should not be kept in extreme heat or cold. It should not be stored in a humid location such as a bathroom.
5. What should you do if you miss a meal or eat an extra meal?
 - If a meal is missed: Be sure to follow your blood sugar closely, especially if you are taking insulin. Eat as soon as possible, either a snack or a reasonable meal. If eat an extra meal: Monitor blood sugar closely to be sure it does not become dangerously high. It is best to eat regular meals with snacks and avoid adding any extra meals during the day.
6. What should you do if you miss a dose?
 - This depends upon the medication. If the patient has only missed the dose by a few hours, then the medication can be taken as soon as it is remembered. If more time has passed, the patient should resume with the next scheduled dose. Patients generally should not double-up on medications due to a risk of adverse events, i.e. hypoglycemia.
7. What plan should you use to make sure you do not forget to take your medication?
 - This will be patient-specific. The important thing is that the patient has some sort of system to remember the medications. These systems could include a pillbox, calendar, or placing bottles in a specific place such as by the alarm clock or coffee maker.

APhA Foundation Patient Self-Management: Diabetes Skills Assessment Medication Administration and Situational Dose Adjustment: Insulin Dependent

Proficiency Checklist

Note: the following can either be observed directly or determined by the answers to the questions below.

Checklist	Notes	Yes	No	Level*
1. Draws insulin into the syringe				P
2. Screws needle into the prefilled syringe				P
3. Measures correct dose				P
4. Gives shot in the appropriate site				P
5. After shot, disposes of syringe or needle from prefilled pen correctly				P

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Proficient* items marked “Yes” _____

Questions for the Participant

Satisfactory
Answer?

Question	Yes	No	Level*
6. What kind of insulin do you take? (I.e., what is the name?)			B
7. When do you take your insulin?			B
8. How much insulin do you take?			B
9. How and where do you store your insulin?			P
10. How does the type of insulin you take work?			P
11. What plan do you use to make sure you do not forget to take your insulin?			A
12. What should you do if you miss a meal or eat an extra meal?			A
13. What should you do if you miss an insulin dose?			A

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____

Number of *Proficient* items marked “Yes” _____

Number of *Advanced* items marked “Yes” _____

APhA Foundation Patient Self-Management: Diabetes Skills Assessment Medication Administration and Situational Dose Adjustment: Insulin Dependent

Preferred Responses

1. Draws insulin into the syringe
 - Draws up insulin appropriately with no air bubbles in syringe
 - If mixing insulins, draws short acting into syringe first followed by longer acting and mixes only insulins that are compatible (ie, lantus cannot be mixed with any other insulin)

2. Screws needle into the prefilled syringe
 - Uses new needle each time

3. Measures correct dose
 - Verify that patient measures correct dose

4. Gives shot in the appropriate site
 - Injects into abdomen (not around navel), upper arm, thigh, or buttocks

5. After shot, disposes of syringe or needle from prefilled pen correctly
 - Uses appropriate container such as sharps container for disposal
 - Check with local waste disposal company for regulations regarding proper disposal of containers

6. What kind of insulin do you take?
 - Patient can identify each type of insulin they take by name (ie R, N, Humalog, 70/30 etc)

7. When do you take your insulin?

- Verify that timing of doses is appropriate for type of insulin and physicians instructions (ie. Rapid acting may be taken from 15 minutes before a meal up to 15 minutes after a meal; Short acting should be taken 30 minutes prior to a meal, glargine is usually taken at bedtime, etc)

8. How much insulin do you take?

- Verify that patient is taking correct doses

9. How and where do you store your insulin?

- Current bottle of insulin being used (if using within 30 days) may be stored at room temperature
- Other bottles should be stored in the refrigerator
- All bottles should avoid extreme heat or freezing temperatures
- Insulin prefilled pens and insulin pen cartridges vary in storage and temperature recommendations. Some products are listed below but please refer to package inserts for complete updated information.

Product Name	Refrigerated Opened	Refrigerated Unopened	Room Temperature Opened or Unopened
Humulin vial Humalog vial Humalog 75/25 vial Humulin R Cartridge Humalog Cartridge	28 days	Until expiration date	28 days
Humulin N Cartridge Humulin 70/30 Cartridge	7 days	Until expiration date	7 days
Humalog Pen	Should not be refrigerated	Until Expiration date	28 days
Humulin N Pen	Should not be refrigerated	Until expiration date	14 days
Humulin 70/30 Pen	Should not be refrigerated	Until expiration date	10 days
Humalog 75/25 Pen	Should not be refrigerated	Until expiration date	10 days
Novolin 70/30 penfill		Until expiration date	10 days

10. How does the type of insulin you take work?

- Please see below table

Name of Insulin	Type of Insulin	Onset (hours)	Peak (hours)	Effective Duration (hours)
Lispro Aspart	Rapid Acting	5 minutes 5-15 min	1 ½-1 ½	3 3-5
Regular	Short Acting	½	2-3	3-6
NPH Lente	Intermediate Acting	1-2	6-8	10-12
		1-2	8-12	12-14
Ultralente Glargine	Long Acting	4-6 3 + 1	10-18 no real peak	24-28 22 + 3
Lispro 75/25	Mixture	5 min	½ - 5	12 or more
70/30 50/50	Mixtures	½	Dual Peak	14-18

11. What plan do you use to make sure you do not forget to take your insulin?

- Examples include reminder alarm on watch, set schedule every day, reminders with meal times, etc)

12. What should you do if you miss a meal or eat an extra meal?

- It depends – verify appropriate answer based on type of insulin used and patients’ diabetes plan (if it includes such scenarios)
- Missing meals is not recommended due to the danger of hypoglycemia, so if a patient forgets a meal, they should eat as soon as they remember
- Patients should not add an extra dose of insulin if they add an extra meal unless directed to do so by their physician (ie coverage with rapid acting insulin)

13. What should you do if you miss an insulin dose?

- It depends
- If the patient remembers shortly after the regularly scheduled time for the dose, they should go ahead and take the dose of insulin
- If it has been some time since the dose was due, it depends on the type of insulin and their insulin regimen as to whether they should take the dose then or not. The patient should consult their diabetes care plan or diabetes health care professional for advice in this situation.

APhA Foundation Patient Self-Management: Diabetes Skills Assessment Stress Management

Questions for the Participant

Satisfactory Answer?

Question	Yes	No	Level*
1. How does stress affect blood sugar levels and why is it important to manage it?			B
2. Identify 2 or 3 stressors in your life?			P
3. Are the stressors in your life physical or mental?			P
4. Are the stressors in your life ongoing or temporary?			P
5. How do you deal with the stressors in your life (e.g., ignore them, drink, act hostile, exercise)?			P
6. Name 1 or 2 diabetes support systems or methods that you use (e.g., ADA, family, friends, personal breathing techniques, therapist).			P
7. How can you determine whether or how much stress is affecting your blood sugar level?			A
8. How can you anticipate stressors in advance? Do you do this?			A

* Indicates the proficiency level (i.e., *Beginner, Proficient, Advanced*) to which each item applies

Number of *Beginner* items marked “Yes” _____

Number of *Proficient* items marked “Yes” _____

Number of *Advanced* items marked “Yes” _____

Apha Foundation Patient Self-Management: Diabetes Skills Assessment

Stress Management

Preferred Responses

1. How does stress affect blood sugar levels and why is it important to manage it?
 - Yes = Stress can lead to increased blood sugar (due to excess hormones released during stress). However, some people may have a decrease in blood sugar. Stress can lead to high, low, or often changing blood sugar levels. Managing stress will help to better manage diabetes. Will also contribute to a happier, healthier life.

2. Identify 2 or 3 stressors in your life?
 - Yes = Patient must simply identify 2 or 3 stressors (i.e. work, life, diabetes, family, etc... will vary from patient to patient)

3. Are the stressors in your life physical or mental?
 - Yes = Patient must identify if stress seems to be mental (examples: fear, depression, coping) or more disease (examples: chronic care related to diabetes) or body related / physical (reduction in abilities, or overall care). Will help to identify type of stress which can then lead to reducing it.

4. Are the stressors in your life ongoing or temporary?
 - Yes = Self-explanatory...Is it a recurring or continuous stressor or one that is short-lived.

5. How do you deal with the stressors in your life (e.g., ignore them, drink, act hostile, exercise)?
 - Yes = Appropriate ways to deal with stress are acceptable. Answers will vary widely. Some examples include: talking with others, knowing your limits, expressing feelings / crying (when appropriate), laughing each day, exercise, planning ahead, setting realizable goals, taking breaks, prayer / meditation / religious oriented relaxation or devotion, support group, pets. Inappropriate ways, such as drinking, would equal a no response.

6. Name 1 or 2 diabetes support systems or methods that you use (e.g., ADA, family, friends, personal breathing techniques, therapist).
 - Yes = Repetitive question, but focuses specifically on diabetes. Focus here is to identify what patient is stressed with respect to their diabetes and how they specifically handle that individual stress.

7. How can you determine whether or how much stress is affecting your blood sugar level?
 - Yes = Options include testing blood sugar during stressful and non-stressful times, keeping a stress diary, or combining the two and keeping a stress record and glucose record together.

8. How can you anticipate stressors in advance? Do you do this?
 - Yes = Patient must identify whether or not they can predict (i.e. plan for) stressors. Most important is whether or not they do this. If so, then they satisfy the question.

APhA Foundation Patient Self-Management: Diabetes Skills Assessment Foot and Skin Care

Proficiency Checklist

Note: the following can either be observed directly or determined by the answers to the questions below.

Checklist	Notes	Yes	No	Level*
1. Keeps feet clean, dry and soft				B
2. Wears shoes that fit well (i.e., provide ample space)				B
3. Wears socks of appropriate thickness and fabric and that have no holes				B
4. Checks bottoms of feet for infection, cuts, breaks, and changes in temperature, size or color				P
5. Examines feet between the toes				P
6. Shapes toenails straight across				P
7. Does not go barefoot				P

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____ Number of *Proficient* items marked “Yes” _____

Questions for the Participant

Satisfactory
Answer?

Question	Yes	No	Level*
8. How often should your feet be checked by a healthcare provider?			B
9. Under what conditions should you consult a healthcare provider about your feet?			P
10. Why is it important to take care of your feet?			P
11. What things should you avoid using on your feet (e.g., callous remover, products with alcohol, hot things, tight things)?			A

** Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Number of *Beginner* items marked “Yes” _____

Number of *Proficient* items marked “Yes” _____

Number of *Advanced* items marked “Yes” _____

APhA Foundation Patient Self-Management: Diabetes Skills Assessment

Foot and Skin Care

Preferred Responses

8. How often should your feet be checked?

- A thorough foot examination should be performed at least once a year (more often in patients with high-risk foot conditions), and all patients should be asked about foot problems at every visit

9. Under what conditions should you consult a healthcare provider about your feet?

- Patients should seek medical attention for cuts, blisters, calluses, any wounds that do not heal, or signs of infection such as redness, swelling, pus, drainage or fever.

10. Why is it important to take care of your feet?

- Preventive foot care can reduce the risk of foot complications that can lead to amputations. Lower-extremity complications are a significant cause of hospitalization, disability, morbidity and mortality among people with diabetes. Meticulous foot care can reduce amputation rate by 50%.

11. What things should you avoid using on your feet?

- Examples: products with alcohol, razor blades, corn and wart removers, any products with salicylic acid, heating pads, hot water bottles, or microwave foot warmers because they can cause burns, tight fitting shoes or socks, hot water, heating pads, chemicals.



PSM ID Code: _____ - _____ - _____

Diabetes Skills Scales Scoring Summary Sheet

Skill	Date assessed	Beginner items passed	Proficient items passed	Advanced items passed	Rating (circle proficiency level achieved)*
Blood Glucose Monitoring					Beginner (5B) Proficient (6B, 6P) Advanced (6B, 6P, 3A)
Nutrition Plan					Beginner (2B) Proficient (3B, 6P) Advanced (3B, 6P, 2A)
Medication Administration and Situational Dose Adjustment (Check one) <input type="checkbox"/> Oral <input type="checkbox"/> Insulin Dependent					Beginner (Oral 2B; Insulin 3B) Proficient (Oral 2B, 3P; Insulin 3B, 5P) Advanced (Oral 2B, 3P, 2A; Insulin 3B, 7P, 2A)
Stress Management					Beginner (1B) Proficient (1B, 4P) Advanced (1B, 5P, 2A)
Foot and Skin Care					Beginner (3B) Proficient (3B, 5P) Advanced (4B, 6P, 1A)

* The numbers and letters in parentheses indicate the number of skills scale items corresponding to each proficiency level (i.e., Beginner, Proficient, Advanced) that must be answered/demonstrated successfully to achieve each proficiency rating for that skill scale.

To achieve a rating of “Proficient” in the Overall Skills Assessment, the patient must achieve a rating of either “Proficient” or “Advanced” in all skill areas. To achieve a rating of “Advanced” in the Overall Skills Assessment, the patient must achieve a rating of “Advanced” in all skill areas.

Date “Proficient” rating achieved	
Date “Advanced” rating achieved	



ID Code: _____ - _____ - _____

Date Completed: ____ / ____ / _____
MM DD YYYY

Diabetes Performance Assessment Scoring Sheet

Checklist	Yes	No	N/A	Notes	Level ⁺
1. Maintains healthcare visit schedule (quarterly minimum)*					P
2. Develops and meets at least two behavior goals every 6 months (Examples include smoking cessation, exercise, meal plan changes, self-monitoring of blood glucose, logging, foot checks, stress management)*					P
3. Has A1c level measured AT LEAST every 6 months*					P
4. Demonstrates consistent nutritional program commitment by meeting individual goal AT LEAST 80% of the time**					A
5. Demonstrates regular exercise program participation by meeting individual goal AT LEAST 80% of the time**					A
6. Refills medications within 6 days of scheduled refill each month**					A
7. Reports taking medication as prescribed for AT LEAST 80% of scheduled doses**					A
8. Has lipid profile AT LEAST annually**					A
9. Has dilated eye exam AT LEAST annually**					A
10. Has foot exam by health care professional AT LEAST every 6 months**					A

⁺ *Indicates the proficiency level (i.e., Beginner, Proficient, Advanced) to which each item applies*

Checklist	Yes	No	N/A	Notes	Level
11. Monitors blood pressure regularly, AT LEAST 80% of the individually defined frequency					
12. Takes aspirin (if applicable)					
13. Takes an ace-inhibitor/A2RB-Angiotensin receptor blocker (if applicable)					
14. Has a dental visit AT LEAST every 6 months					
15. Has a urine microalbumin test AT LEAST annually					
16. Has influenza vaccination annually					
17. Has pneumococcal vaccination appropriate for age					
18. Does not smoke or use tobacco products					

- * *Must be accomplished to obtain a proficient rating*
- ** *Must be accomplished to obtain an advanced rating.*

This participant is:

- _____ ***BEGINNER (missing any of first three items)***
- _____ ***PROFICIENT (achieving a minimum of the first three items)***
- _____ ***ADVANCED (achieving a minimum of the first ten items)***

Comments: _____
