

## Diabetes Outcomes Monitoring and Evaluation: Expanded Quality of Life Outcomes

Patient \_\_\_\_\_

Initial Year: \_\_\_\_\_

CLINICAL - HEALTH OUTCOMES * (✓ CHECK)	YOUR GOALS	INITIAL VALUE DATE _____	FOLLOW-UP DATE _____	FOLLOW-UP DATE _____	FOLLOW-UP DATE _____	% Δ ↑ OR ↓ DATE _____
<input type="checkbox"/> Fasting blood glucose 80 -130 mg						
<input type="checkbox"/> BG before lunch/dinner 80 -130 mg						
<input type="checkbox"/> Bedtime blood glucose (BG)						
<input type="checkbox"/> BG 2 hr after meals 180 mg or less						
<input type="checkbox"/> A1C Less than 7%						
<input type="checkbox"/> Blood pressure 140/90 or less						
<input type="checkbox"/> Weight Wt now = Ht =						
<input type="checkbox"/> Total cholesterol 200 mg or less						
<input type="checkbox"/> LDL-cholesterol 100 mg or less						
<input type="checkbox"/> HDL-cholesterol 50 mg (F) or 40 mg (M) or more						
<input type="checkbox"/> Triglycerides 150 mg or less						
<input type="checkbox"/> Waist circumference: Equal to or less than: 35 in. <i>female</i> or 40 in. <i>male</i>						
<input type="checkbox"/> BMI 19.0 – 24.9						
QUALITY OF LIFE (✓ CHECK)		INITIAL RATING <sup>^</sup>	RATING <sup>^</sup>	RATING <sup>^</sup>	RATING <sup>^</sup>	RATING <sup>^</sup>
<input type="checkbox"/> Low energy level						
<input type="checkbox"/> Pain or discomfort due to diabetes						
<input type="checkbox"/> Anxiety or worry due to diabetes						
<input type="checkbox"/> Depression						
<input type="checkbox"/> Blurry vision						
<input type="checkbox"/> Thirsty						
<input type="checkbox"/> Urinating more than usual						
<input type="checkbox"/> Hungry more than usual						
<input type="checkbox"/> Fatigue issues						
<input type="checkbox"/> Confusion issues						
<input type="checkbox"/> Memory issues						
<input type="checkbox"/> Dry or itchy skin						
<input type="checkbox"/> Cuts/wounds healing very slowly						
<input type="checkbox"/> Daily activities lost due to diabetes						
<input type="checkbox"/> Work/school days lost due to diabetes						
<input type="checkbox"/> Relationship problems due to diabetes						
<input type="checkbox"/> Financial problems due to diabetes						
KNOWLEDGE OF (✓ CHECK)		INITIAL RATING <sup>^</sup>	RATING <sup>^</sup>	RATING <sup>^</sup>	RATING <sup>^</sup>	RATING <sup>^</sup>
<input type="checkbox"/> Healthy eating						
<input type="checkbox"/> Being active						
<input type="checkbox"/> Monitoring my blood sugar						
<input type="checkbox"/> Taking my medications as ordered						
<input type="checkbox"/> Healthy coping of my diabetes						
<input type="checkbox"/> Solving my diabetes problems						
<input type="checkbox"/> Reducing diabetes risks						

<sup>^</sup> RATING FOR QUALITY OF LIFE AND KNOWLEDGE OUTCOMES:

1 = LOW AMOUNT	2	3	4	5	6	7	8	9	10 = HIGH AMOUNT
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EDUCATOR SIGNATURE/INITIALS: \_\_\_\_\_

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MARY ANN HODOROWICZ CONSULTING, LLC

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Nutrition, Diabetes Care & Education, Health Promotion and Insurance Reimbursement for Professionals  
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*Eat Well, Laugh Often, Love Much*