CLINICA family health

Self-Assessment Sheet: Preventative Complications

1. I know the effects of high blood sugar on the body.
   a. True
   b. False

2. I know that consistently high blood sugar levels could effect the following parts of my body:
   a. My eyes
   b. My kidneys
   c. My nervous system
   d. My feet
   e. My heart

3. I know how to check my feet for changes in sensitivity.
   a. True
   b. False

4. I know my provider checks me regularly for problems with my:
   a. Kidneys
   b. Liver
   c. Heart
   d. Feet
   e. High blood sugar levels

5. I ask my provider about my results and risks for diabetic complications.
   a. True
   b. False

6. Someone in my family has suffered the effects of diabetic complications.
   a. My mother
   b. My father
   c. My sister or brother
   d. My aunt or uncle

7. I know how to lower my blood sugar levels and prevent diabetic complications.
   a. True
   b. False

8. I know how often to see a doctor about:
   a. A foot check
   b. An eye exam
   c. My kidney function

9. I would like more information on:
   a. How to care for my feet
   b. How to prevent complications
   c. The test for kidney function and what it means

*Adapted from CenteringPregnancy® Model Handbook