CLINICA family health

Self Assessment Sheet: Monitoring (Using a Glucometer)

1. I have a glucometer.
   a. True b. False

2. I use my glucometer:
   a. Once a day
   b. Twice a day
   c. Several times per day
   d. Once a week
   e. More than twice a week
   f. Several times per week

3. How many days per week do you use your meter? _____
   a. If you don't use it, why not:_____

4. I know the goals for my blood sugar levels.
   a. True b. False

5. I understand when I should monitor my blood sugar?
   a. Fasting blood sugar
   b. Before meals
   c. 2 hours after meals
   d. Evening blood sugar

6. I know what an A1C means.
   a. True b. False

7. I regularly ask my provider about my A1C.
   a. True b. False

8. I have my A1C tested at least twice a year.
   a. True b. False

9. I would like more information on:
   a. Getting a meter
   b. Affording strips and needles
   c. Refills on my Rx for strips and needles
   d. Information on blood sugar goals

*Adapted from Centering Pregnancy® Model Handbook

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