# Welcome to the Novo Nordisk Diabetes Center at CentraState Medical Center

We commend you for taking one of the most important steps toward the self-management of your diabetes—**education from a Certified Diabetes Care & Education Specialist (CDCES),** who will review the tools and information that are necessary to live well with diabetes.

**PRIOR TO YOUR APPOINTMENT, WE STRONGLY ENCOURAGE YOU TO CONTACT YOUR INSURANCE COMPANY TO VERIFY COVERAGE FOR DIABETES EDUCATION.**

Your insurance company may ask for the following information to better assist you:

**CentraState Specialty Physicians** will bill for the visit, not the Novo Nordisk Diabetes Center.

**Tax ID number:** 823704077

**NPI number:** 1700389301

**Common Billing Codes Used:** **G0108** (Individual Assessment)
**G0109** (Group Classes)
**97802** (Medical Nutrition Therapy, Initial)
**97803** (Med Nutrition Therapy, Follow-Up)

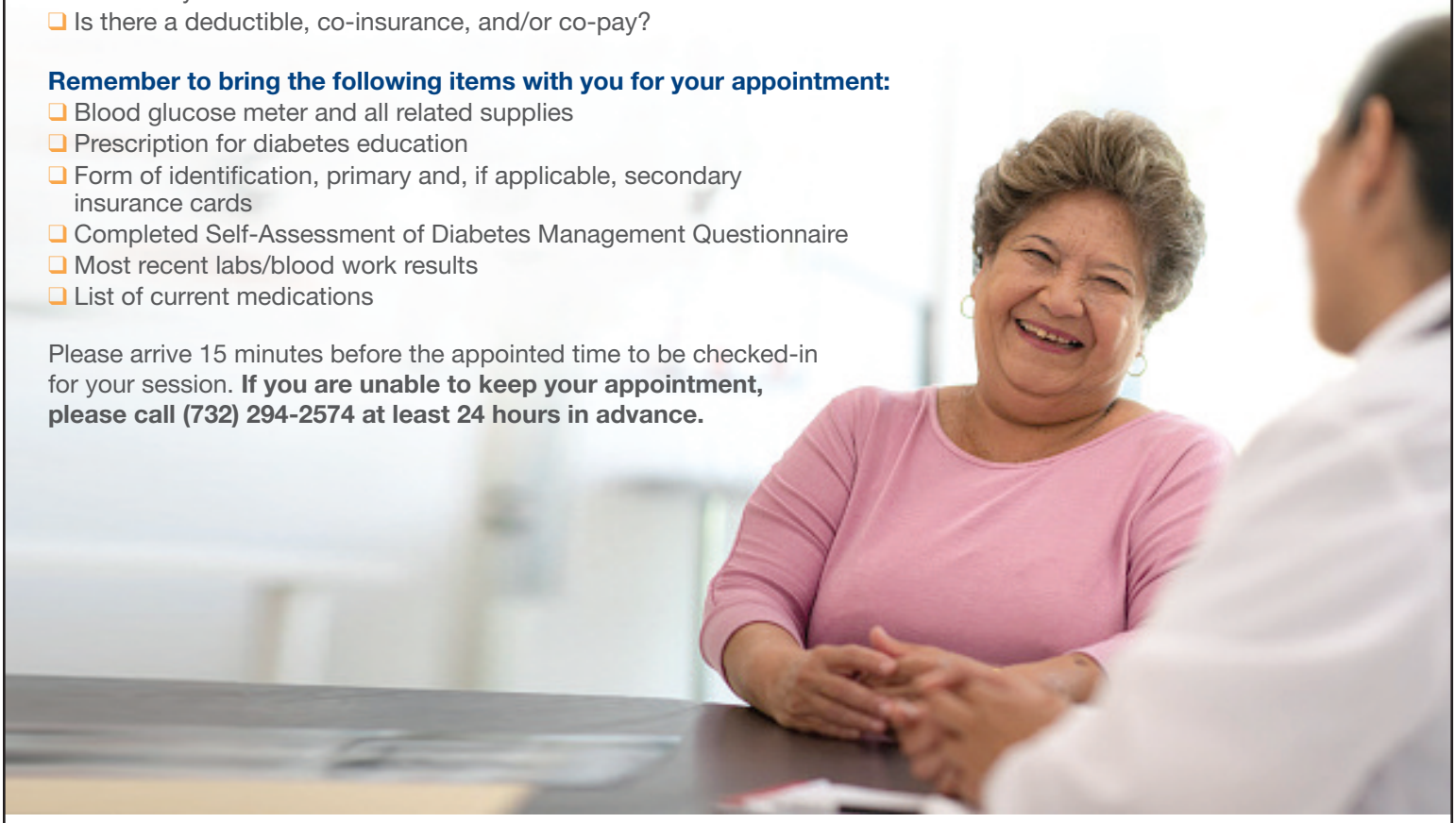
**Here are a few examples of the questions you may want to ask:**

- ❑ Are all the codes listed above covered?
- ❑ How many visits are allowed?
- ❑ Is there a deductible, co-insurance, and/or co-pay?

**Remember to bring the following items with you for your appointment:**

- ❑ Blood glucose meter and all related supplies
- ❑ Prescription for diabetes education
- ❑ Form of identification, primary and, if applicable, secondary insurance cards
- ❑ Completed Self-Assessment of Diabetes Management Questionnaire
- ❑ Most recent labs/blood work results
- ❑ List of current medications

Please arrive 15 minutes before the appointed time to be checked-in for your session. **If you are unable to keep your appointment, please call (732) 294-2574 at least 24 hours in advance.**



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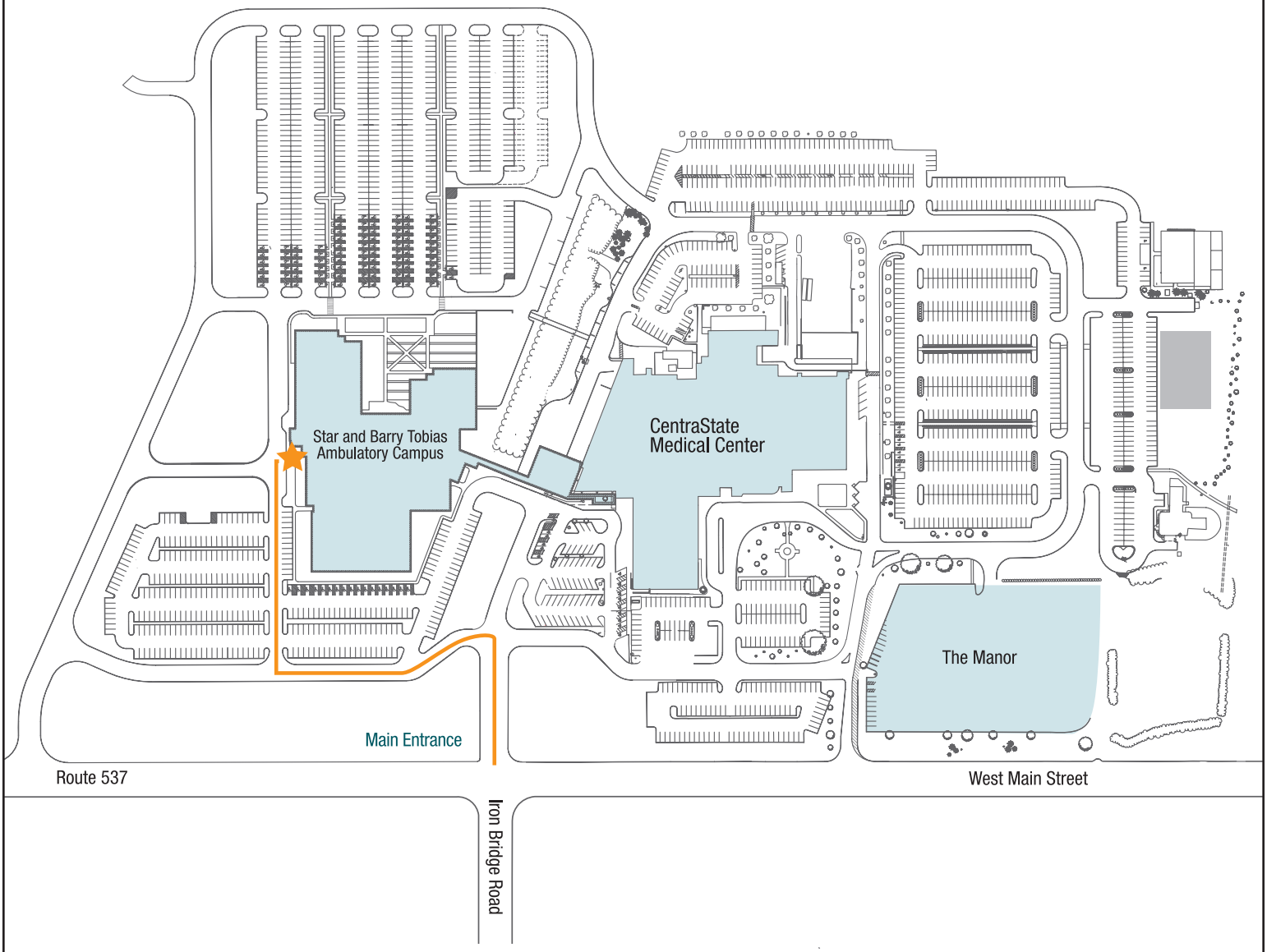
**We are located in the Star and Barry Tobias Ambulatory Campus at 901 W. Main St. Freehold, NJ.**

For your convenience, we offer free valet parking, Monday through Friday, between 8am and 4pm. Parking is also available in the North Parking Lot.

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# Self-Assessment of Diabetes Management Questionnaire

Name _____ Date _____

Date of Birth ____/_____/_____ Age _____ Gender ☐ F ☐ M Height _____ Weight _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

Ethnic Background: ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ Hispanic

☐ White/Caucasian ☐ Native American-Alaska Native

1. What type of diabetes do you have? ☐ Type 1 ☐ Type 2 ☐ Prediabetes ☐ GDM ☐ Don't Know
2. Year/Age of Diabetes Diagnosis _____/_____

   List relatives with diabetes _____
3. Please list any allergies if applicable _____
4. Do you take diabetes medications? ☐ Y (check all that apply below) ☐ N

   ☐ Diabetes Pills ☐ Insulin Injections ☐ Other injectables ☐ Combination of pills and injections
5. Please list your Diabetes Medications _____

   _____

   During a typical month, how often do you miss taking your medicines on average? _____
6. Do you have other health problems? ☐ Y ☐ N

   Please list other conditions _____
7. Do you take other medications? ☐ Y ☐ N

   Please list other medications _____

   _____
8. What is the last grade of school you completed? _____
9. Are you currently employed? ☐ Y ☐ N

   What is your occupation? _____
10. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
11. How many people live in your household? _____
12. How are they related to you? _____
13. From whom do you get support to manage and cope with your diabetes?

    ☐ Family ☐ Co-workers ☐ Health-care providers ☐ Support group or diabetes "buddy"

    ☐ Social media ☐ Other _____ ☐ No one
14. Do you exercise regularly? ☐ Y ☐ N Type _____
15. My exercise routine is: ☐ Easy ☐ Moderate ☐ Very intense

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16. Do you use any particular guidelines for a specific meal plan? ☐ Y ☐ N
If yes, please describe: _____
_____

About how often do you use this meal plan? ☐ Never ☐ Seldom ☐ Sometimes ☐ Usually ☐ Always

Do you read and use food labels? ☐ Y ☐ N

17. Do you have any dietary restrictions? ☐ Y ☐ N

☐ Salt ☐ Fat ☐ Fluid ☐ Gluten ☐ None ☐ Other _____

Give a sample of your meals for a typical day:

Time: _____ Breakfast: _____

Time: _____ Lunch: _____

Time: _____ Dinner: _____

Time: _____ Snack: _____

Time: _____ Snack: _____

18. Do you do your own food shopping? ☐ Y ☐ N

19. Do you drink alcohol? ☐ Y ☐ N Type: _____

How many: Per day _____ Per week _____ Occasionally _____

Do you use tobacco: ☐ Cigarette ☐ Pipe ☐ Cigar ☐ Chewing ☐ None ☐ Quit—how long ago _____

20. Do you check your blood sugars? ☐ Y ☐ N

Typical or usual blood sugar range: _____ to _____

How often: ☐ Once a day ☐ 2 or more/day ☐ 1 or more/week ☐ Occasionally

When: ☐ Before meals ☐ 2 hours after meals ☐ Before bedtime

What is your target blood sugar range? _____ to _____

How would you describe your usual results over the past month? _____

21. In the last month, how often have you had a low blood sugar reaction? ☐ Never ☐ Once ☐ Multiple times/week

What are your symptoms? _____

How do you treat your low blood sugar? _____

22. Can you tell when your blood sugar is too high? ☐ Y ☐ N

23. What do you do when your blood sugar is high? _____

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24. Check any of the following tests/procedures you have had in the last 12 months:

☐ Dilated eye exam ☐ Urine test for protein ☐ Dental exam ☐ Foot exam—self

☐ Foot exam—health care professional ☐ Blood pressure ☐ Weight ☐ Cholesterol ☐ A1c

☐ Flu Shot ☐ Pneumonia shot

25. In the last 12 months, have you: ☐ Gone to the emergency room (ER) ☐ Been admitted to a hospital

Was the ER visit or hospital admission diabetes-related? ☐ Y ☐ N

26. Do you have any of the following: ☐ Eye problems ☐ Kidney problems ☐ Dental problems ☐ High blood pressure

☐ Numbness/tingling/loss of feeling in your feet ☐ High cholesterol ☐ Sexual problems ☐ Depression

27. Have you had previous instruction or ever had anyone teach you about caring for your diabetes? ☐ Y ☐ N

How long ago: _____

28. In your own words, what is diabetes? _____

_____

29. How do you learn best? ☐ Listening ☐ Reading ☐ Observing ☐ Doing

30. Do you have any difficulty with: ☐ Hearing ☐ Seeing ☐ Reading ☐ Speaking

Explain any checked: _____

_____

31. Do you have any special cultural or religious observances, practices, or beliefs that influence how you care for your diabetes? ☐ Y ☐ N

Please describe: _____

32. Do you use computers to: ☐ Email ☐ Look for health and other information

33. Please state whether you agree, are neutral, or disagree with the following statements:

I feel good about my general health: ☐ Agree ☐ Neutral ☐ Disagree

My diabetes interferes with other aspects of my life: ☐ Agree ☐ Neutral ☐ Disagree

My overall level of stress is high: ☐ Agree ☐ Neutral ☐ Disagree

I often feel as if I am failing in managing my diabetes: ☐ Agree ☐ Neutral ☐ Disagree

I often feel overwhelmed by the demands of living with diabetes: ☐ Agree ☐ Neutral ☐ Disagree

I feel I will get long-term complications, no matter what I do: ☐ Agree ☐ Neutral ☐ Disagree

34. How do you handle the stress in your life? What are your feelings about diabetes?

_____

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35. What concerns you most about your diabetes? _____

_____

36. What is hardest for you in caring for your diabetes? _____

_____

37. What are your thoughts or feelings about this issue (e.g. frustrated, angry, guilty)? _____

_____

38. What are you most interested in learning from these diabetes education sessions? _____

_____

## Pregnancy and Fertility

Are you: ☐ Pre-Menopausal ☐ Menopausal ☐ Post-Menopausal ☐ N/A

Are you pregnant? ☐ Y—When are you expecting _____

☐ N—Are you planning on becoming pregnant? _____

Have you been pregnant before? ☐ Y ☐ N

Do you have any children? ☐ Y—Ages _____ ☐ N

Are you aware of the impact of diabetes on pregnancy? Y N

Are you using birth control? Y—Please specify _____ N

## *Please do not write below this line*

**Educator Assessment Summary:** _____

_____

_____

_____

_____

_____

**Education Need/Education Plan:** Diabetes Disease Process Nutritional Management Physical Activity Medication Use Monitoring Acute Complications Psychological Adjustment Chronic Complications Behavior-Change Strategies Health Promotion

Date: _____ Educator Signature: _____

Date: _____ Educator Signature: _____