


[HOME](#) [LOGOUT](#)

 user: **Kathy Lane** staff id: **30013** login: **10/27/2010 12:34:37**
[<<< Return >>>](#)

My Health - Part B

PID: 0	Acrostic: 0	Visit:
Date Form Completed: d_form	Administration Type: admin	
Reviewed by: compy	Language: language	English

A. Complaints

Below is a list of complaints people sometimes have. For each item, check the one that best describes how bothersome the complaint was for you during the past 4 weeks. Be sure to mark one box for each complaint listed. If you did not have the problem, please check the box under "did not occur." If you had the complaint, use the following key to indicate how bothersome it was:

mild = complaint did not interfere with usual activities.

moderate = complaint interfered somewhat with usual activities.

severe = complaint was so bothersome that usual activities could not be performed.

- Heartburn (burning sensation in chest or upper abdomen)

schartbrn

- Did not occur
- Mild
- Moderate
- Severe

- Regurgitation (the involuntary movement of liquids and foods from the stomach up into the throat)

scregurg

- Did not occur
- Mild
- Moderate
- Severe

- Nausea (feeling sick to your stomach as if you were going to throw up or vomit)

schnausea

- Did not occur
- Mild
- Moderate
- Severe

4. Abdominal pain above the navel

scapain1

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



5. Vomiting

scvomit

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



6. Feeling very full after eating only a little bit of a meal

scfull

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



7. Bloating or distention (your abdomen feels swollen or gassy)

scbloat

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



8. Constipation

scconst

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



9. Diarrhea

scdiarr

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



A. Complaints - continued

10. Abdominal pain below the navel

scapain2

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



11. Leg or arm pain during or following exercise

sclegpn

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



12. Swollen or sore joints during or following exercise

scswjnts

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



13. A pulled or strained muscle, tendon, or ligament during or following exercise

scmusc

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



14. Sores on your feet that heal poorly

scfsore

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



15. Swelling of the feet or ankles

scfswell

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe



16. Chest pain/angina/heart pain

scangina

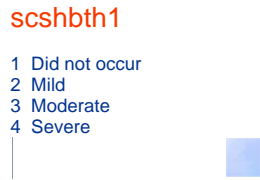
- 1 Did not occur
- 2 Mild



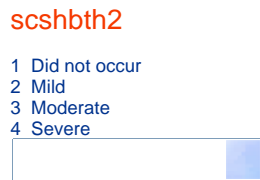
17. Palpitations/heart racing/heart skipping beats



18. Shortness of breath with exercise



19. Shortness of breath lying down or waking you up at night



20. Dizzy or lightheaded when you stand up



21. Dizzy or lightheaded anytime



22. Worsening of your eyesight



23. Numbness or weakness of one arm or leg

scnumb

- 1 Did not occur
- 2 Mild
- 3 Moderate
- 4 Severe

A. Complaints - continued

24. Have you experienced low blood sugar in the last 3 months?

sclbs

- 1 Yes
- 2 No

 → If No, Go to Section B, "Knees"

→ If Yes,

How many times was your low blood sugar so severe that you had to be in the hospital?

schscent (Number of times, "0" if none)

How many times was your low blood sugar so severe that you had to visit the emergency room, but not be admitted to the hospital?

scercnt (Number of times, "0" if none)

How many times was your low blood sugar so severe that you needed someone to help you but not ER visit or hospitalization)?

schpcnt (Number of times, "0" if none)

How many times have you had low blood sugar in the last 7 days?

sclbcnt (Number of times, "0" if none)

Did any of these times occur without symptoms?

scnosymp

- 1 Yes
- 2 No

or to others?

Did any of these times result in injury to yourself

scinjury

- 1 Yes
- 2 No

asleep?

Did any of these times occur when you were

scasleep

- 1 Yes
- 2 No

25. Was your blood sugar checked during the most severe episode of low blood sugar?

sccheck

- 1 Yes
- 2 No

→If Yes, What was the glucose value? scgluc

26. Has your medicine for diabetes been changed as a result of these episodes of low blood sugar?

scmedchg

- 1 Yes
- 2 No

→If Yes, Who changed your diabetes medicine?

scwhochg

- 1 Primary care physician
- 2 Look AHEAD personnel
- 3 Other, specify

Specify:
scwho_sp

<<< READ ONLY >>>