

Diabetes Questionnaire

1. Name _____
 2. Date Diabetes diagnosed _____
 3. Any stops in medication? _____
 4. Is urine sugar free? (a) Now _____ (b) Always _____ (c) Date of last test _____
 5. State amount of medication or insulin taken daily _____
 6. Ever had any eye trouble? _____
 7. Ever had any heart trouble? _____
 8. Ever had high blood pressure? _____
 9. Has an electrocardiogram been taken? _____ Date _____ Doctor _____
 10. Has an x-ray of the chest been taken? _____ Date _____ Doctor _____
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Coronary Questionnaire

1. Date of first coronary episode or symptom _____
2. Name and address of Doctor making the diagnosis _____
3. Hospitalized? _____ Where? _____
4. If disabled, how long off work? _____
5. Following recovery from the initial coronary episode, has there been any recurrence of chest pain?

6. What diagnosis was made concerning heart condition? _____
7. Date of last check-up _____ Doctor _____
8. Date of last electrocardiogram _____ Doctor _____
9. Taking any medication for heart condition now or within the past year? _____
If yes, describe _____