**Tables for DDLists or Check Boxes (CB) for DESS**

**Demographics:**

**(4) Age Category**

|  |
| --- |
| **AGE Category** |
| < = 64 |
| 65-74 |
| > = 75 |

**(6) Gender**

|  |
| --- |
| **GENDER** |
| Male |
| Female |

**(7) Race (Check Boxes)**

|  | |
| --- | --- |
| **Race** | **Race SPA** |
| White | Blanco |
| American Indian or Alaska Native | Nativo de Alaska of Indio Americano |
| Asian | Asiático |
| Black or African American | Afroamericano o Negro |
| Native Hawaiian or Other Pacific Islander | Nativo de las Islas de Hawái o del Pacifico |

**(8) Ethnicity**

|  |  |
| --- | --- |
| **Ethnic Category** | **Ethnic Category SPA** |
| Hispanic or Latino | Hispano o Latino |
| Non- Hispanic or Latino | No es Hispano o Latino |

**(10) Number of Pharmacies**

|  |
| --- |
| **# Pharmacies** |
| 0 |
| 1 |
| 2 |
| 3+ |

**(15) Chronic Health Conditions (CB)**

|  |  |
| --- | --- |
| Chronic Health Conditions |  |
| Diabetes | Anticoagulation |
| Hypertension | Other |
| Dyslipidemia |  |
| Chronic heart Failure (CHF) |  |
| End Stage Renal Disease |  |
| Cardiovascular Disorders |  |

**Session Information:**

**(21) Session Time**

|  |
| --- |
| **Session Time** |
| 15 minutes |
| 30 minutes |
| 45 minutes |
| 1 hour |
| 1.25 hours |
| 1.5 hours |

**(23) Reason for Session**

|  |  |
| --- | --- |
| Reason for DESS | Razones para la DESS |
| To review diabetes medications | Revisión de los medicamentos para la diabetes |
| To review lifestyle modifications | Revisión de los cambios en el estilo de vida |
| To review nutrition | Revisión de los hábitos de nutrición |
| To review insulin administration | Revisión de la administración de insulina |
| To review foot exam | Revisar como examinar los pies |
| To review glucose monitoring | Revisión de la medición de azúcar en la sangre |
|  |  |
|  |  |

**Diabetes laboratories**

**(37) Perception of Health**

|  |  |
| --- | --- |
| **Perception of Health** | **Percepción de salud** |
| **Excellent** | **Excelente** |
| **Very good** | **Muy buena** |
| **Good** | **Buena** |
| **Fair** | **Regular** |
| **Poor** | **Mala** |

**(38-41) Patient’s Perception of Level of Confidence od DM Self-management**

|  |  |
| --- | --- |
| **Perception** | **Percepción** |
| 1 Strongly Disagree | 1 Estoy en desacuerdo |
| 2 Disagree | 2 desacuerdo |
| 3 Neutral | 3 Neutral |
| 4 Agree | 4 en acuerdo |
| 5 Strongly Agree | 5 Muy acuerdo |

**Health Care Utilization**

**(42) Dental**

**(43) Foot care**

**(44) Eye Care**

|  |  |
| --- | --- |
| **Health Care Utilization** | **Health Care Utlization SPA** |
| One year | Un año |
| 6 months | 6 meses |
| 3 months | 3 meses |
| 1 month or less | 1 mes o menos |

**(45) Immunizations**

|  |
| --- |
| Vaccines Received |
| Influenza |
| PPSV23 |
| PCV13 |
| HepA |
| HepB |
| Zoster Recombinant |
| Zoster Live |
| Varicella |
| Tdap |
| Td |
| MMR |
| Other |

**(46-48) Visits and hospitalizations**

|  |
| --- |
| **Number of times per year** |
| 0 |
| 1 |
| 2 |
| 3 |
| 4 or more |

**(53) Level of confidence**

|  |  |
| --- | --- |
| **Perception** | **Percepción** |
| 1 Strongly Disagree | 1 Estoy en desacuerdo |
| 2 Disagree | 2 desacuerdo |
| 3 Neutral | 3 Neutral |
| 4 Agree | 4 en acuerdo |
| 5 Strongly Agree | 5 Muy acuerdo |

**(54) Materials Delivered (CB)**

|  |
| --- |
| **Materials Delivered** |
| Written DESS Summary |
| Educational Materials |
| Reminder List |
| BG Monitoring Diary |
| Alternative Language Translations |

**(55) Follow-up Recommendation**

|  |
| --- |
| Follow-up |
| Meet in one month |
| Meet in 3 months |
| Meet in 6 months |
| Meet in one year |