

9. Test your blood sugar the number of times recommended by your health care provider?	0	1	2	3	4	5	6	7
10. Check your feet?	0	1	2	3	4	5	6	7
11. Inspect the inside of your shoes?	0	1	2	3	4	5	6	7
Medication								
On how many of the last 7 days did you ...?								
12. Take your recommended diabetes medications (pills)?	0	1	2	3	4	5	6	7
13. Take your recommended insulin injections?	0	1	2	3	4	5	6	7
*14. Take at least one aspirin pill?	0	1	2	3	4	5	6	7

Smoking

15. Have you smoked a cigarette-even one puff-during the past 7 days?

0 NO

1 YES =>16.If yes, how many cigarettes did you smoke on an average day? Number of cigarettes _____

Interviewer: _____