**ReVive 5 Diabetes – Toolkit Assessment**

**Name and Age**: **Provider/Diabetes Clinic**

**Diabetes Distress and coping strategies:**

**Last few A1Cs** : **Time in Range:**

**Diabetes Type:** 1 2 LADA **How long with diabetes?**

**Type of insulin uses**:

**Injection / CGM site evaluation**:

**Other Meds for Diabetes?**

**How delivered**?  **Pump:**  Vial/syringe **Insulin Pens** Insulin Smart Pen

**CGM and/or meter**:

**Extra supplies**?

**Who would you call in case of a tech issue for pump or CGM?**

**Target Blood Glucose or range?**

**Hypoglycemia:** **What type of glucagon rescue med?**

**Basal insulin dose or rates:**

**Bolus insulin I:C ratio for**: B L D **Correction ratio(s)**

**How do you review your glucose?**  .   
  
**Do you know how to access your Ambulatory Glucose Report?**

**Carbs:** How evaluate carbs?   
My Fitness Pal Calorie King Read Labels  **“Guesstimate”** Other

**How do you manage activity and blood sugars?**

**How does your job/lifestyle impact your ability to self-manage?**

**Who supports you?**

**What is the issue that you would most like to address. What action or changes will you make?**

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| **Date** | **Issue To Work On** | **Action(s) to take** |
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**Revive 5 Diabetes – Toolkit Assessment**

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