

### OHTS Diabetes History: DH

Patient ID:

Date:  /  /   
mm dd yy

1. **Has a doctor or health professional ever told you that you had a high sugar level or sugar diabetes?**

Check only one:

- Yes
- No
- Yes, borderline diabetes
- Yes, only during pregnancy
- Unknown

Which physician or clinic made the diagnosis?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Are you currently taking insulin?**

Check only one:

- Yes
- No
- Unknown

3. **Are you currently taking diabetic pills to lower your blood sugar?  
These are sometimes called oral agents or oral hypoglycemic agents.**

Check only one:

- Yes
- No
- Unknown

4. **Has a doctor or health professional ever recommended a special diet to lower your blood sugar?**

Check only one:

- Yes
- No
- Unknown

Form Completed By (PI or CC):