



Date: _____

Being pregnant can be difficult. When you are pregnant and have diabetes, it is natural to feel more stressed, worried or concerned. At times, other problems or parts of your life may make it even harder to manage the extra demands of your pregnancy and diabetes.

Please take some time to complete this form. Your answers will help us to be sensitive to your individual needs as we work with you. Let us know if you would like to talk with a team member about any concerns or questions you have.

DIABETES

- 1. How are you feeling about having diabetes?
 - Okay
 - Worried, nervous or scared
 - Confused
 - Sad or depressed
 - Angry
 - Other, please explain _____

- 2. What worries or fears do you have about diabetes?
 - My baby might have diabetes
 - My diabetes might not go away after the baby is born
 - Losing my pregnancy
 - Insulin scares me
 - Having to give myself shots
 - Worried my diabetes will hurt my baby
 - Other, please explain _____

- 3. What parts of having diabetes may be stressful or hard to do? (Check all that are true.)
 - Following all of the instructions
 - Testing my blood glucose levels 4 or more times a day
 - Staying on the diabetes meal plan
 - Getting transportation to all of my appointments
 - Managing my diabetes at home
 - Managing my diabetes at work
 - Having time for my appointments
 - Other, please explain _____

- 4. What else might make it difficult for you to take care of yourself?
 - Finding it hard to believe I have diabetes
 - Family or friends not understanding or not being supportive
 - What other people say about how I should take care of my diabetes
 - Having other health problems
 - I'm not sure I want to be pregnant
 - Remembering an earlier pregnancy loss
 - Family stress (problems with my kids or relatives)
 - Job stress
 - Social life
 - Money problems or worries
 - I have trouble relaxing or resting
 - Eating habits
 - Drinking beer, wine, or other types of alcohol
 - Smoking marijuana or use other types of drugs
 - Family member or friend who uses alcohol or drugs
 - Immigration worries or concerns
 - Not having enough space for the baby
 - I am feeling very worried or sad
 - Other, please explain _____

11485 ODE 1597 (9/30/08)

Washington Hospital Healthcare System

Washington Township Healthcare District
2000 Mowry Avenue, Fremont, California 94538-1716 • (510) 797-1111

**GESTATIONAL DIABETES
SWEET SUCCESS STRESS CHECK**

PATIENT LABEL

FOOD

5. What you eat and how you eat is a big part of taking care of diabetes.

Do you have problems with meal planning or eating, such as:

- Finding it hard to always eat the right foods
 - Finding it hard to eat the right amount
 - Eating too much when you feel stressed, worried, nervous, angry, sad or bored
 - Not being able to eat when you feel stressed, worried, nervous, angry, sad or bored
 - Feeling guilty about the way you eat
 - Throwing-up after eating
 - Feeling like you can't or shouldn't eat
 - Having to eat differently than the rest of the family
 - Other, please explain _____
- Not always having enough food at home
 - Eating too much food at one time
 - Not eating enough
 - Not being able to choose what is prepared

TAKING CARE OF YOU

6. What is positive in your life right now?

- Your marriage / relationship
- Support from friends
- My ability to accept change / being flexible

What do you feel good about?

- Family support
- Faith / religion
- Other _____

7. What might you do when you feel upset or stressed?

- Keep it to myself
 - Keep busy and try not to think about it
 - Cry
 - Talk to a family member
 - Other, please explain _____
- Get angry or yell
 - Eat
 - Exercise
 - Drink alcohol or take drugs

8. What advice, care or support is helpful to you?

- Friends or family
 - Acupuncturist
 - Other, please explain _____
- Spiritual Leader
 - Herbalist, Curandera or Healer

9. Is there anything else that you are using or taking for your pregnancy or diabetes?

- Special foods, such as nopales or bitter melon (list) _____
- Teas or herbs _____
- Vitamins / minerals _____

10. What are the biggest worries or problems in your life right now? Please list.

11. Is there anything else you would like to talk about or think we could help you with?

- No
- Yes (please describe) _____

Thank you for completing this form

Reviewed by: _____ Date: _____

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