

Diabetes PIM Chart Questions

No.	Question Text	Responses
1	The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male [2] Female
6	Age at the most recent visit:	N/A
7	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes [2] No
8	5-digit zip code:	N/A
9	Patient is Hispanic or of Latino origin or descent:	[1] Yes [2] No [3] Unknown
10	Race (check all that apply):	[1] White [2] Black or African American [3] Asian [4] Native Hawaiian or other Pacific Islander [5] American Indian or Alaska Native [6] Other [7] Unknown
11	Length of your relationship with the patient:	[1] Less than 12 months [2] 12 months or longer
12	What is the patient's expected source(s) of payment at the most recent visit, which is listed above? Check all that apply.	[1] Private insurance [2] Traditional Medicare (Part B) [3] Medicare Advantage/HMO (Part C) [4] Medicare - type unknown [5] Medicaid/SCHIP [6] Worker's compensation [7] VA, military, or other government [8] Self-pay (not counting co-payment) [9] No charge or charity care [10] Other [11] Unknown
13	Physical Findings	N/A
14	Is the patient's weight documented in the medical record?	[1] Yes, in pounds [2] Yes, in kilograms [3] No
15	Weight in pounds:	N/A

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16	Weight in kilograms:	N/A
17	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches [2] Yes, in centimeters [3] No
18	Height in inches:	N/A
19	Height in centimeters:	N/A
20	If both weight and height are not available, what is the patient's body habitus?	[1] Underweight (BMI < 18.5) [2] Normal (BMI 18.5 - 24.9) [3] Overweight (BMI 25 - 29.9) [4] Obese (BMI >= 30) [5] Not documented
21	Is the date of the most recent blood pressure measurement documented in the medical record?	[1] Yes, it's the patient visit date above [2] Yes, it's a date prior to the patient visit date [3] No, the date is not documented, but results are available [4] No, neither the date nor results are documented
22	Date of BP measurement:	N/A
23	Systolic reading (mm Hg):	N/A
24	Diastolic reading (mm Hg):	N/A
25	Classification	N/A
26	Diabetes classification:	[1] Type 1, diagnosed within 12 months [2] Type 1, diagnosed more than 12 months ago [3] Type 2, diagnosed within 12 months [4] Type 2, diagnosed more than 12 months ago [5] Other [6] Unsure
27	Complications From Diabetes	N/A
28	Retinopathy:	N/A
29	Is the date of the most recent dilated eye exam (or evaluation of a retinal photograph) by an eye specialist documented in the medical record?	[1] Yes [2] No
30	Date of the most recent dilated eye exam (or evaluation of a retinal photograph):	N/A
31	Did the patient have any evidence of retinopathy?	[1] Yes [2] No [3] Not documented
32	Does the patient have significant loss of vision or blindness?	[1] Yes [2] No

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33	Nephropathy:	N/A
34	Does the patient have end-stage renal disease?	[1] Yes [2] No
35	Is the patient being treated by a nephrologist for nephropathy?	[1] Yes [2] No
36	What tests have been done to determine if nephropathy is present?	[1] Urine dipstick test for protein [2] Microalbuminuria assessment [3] Both of the above [4] None, or results not documented
37	Date of the urine dipstick test for protein:	N/A
38	Dipstick protein result:	[1] Positive [2] Negative
39	Date of the microalbuminuria assessment:	N/A
40	Results of the microalbuminuria assessment:	[1] Normal [2] Microalbuminuria [3] Macroalbuminuria
41	Is the date and result of serum creatinine documented in the medical record?	[1] Yes [2] No
42	Serum creatinine date:	N/A
43	Serum creatinine result (mg/dL):	N/A
44	Cardiovascular Disease:	N/A
45	Does the patient have clinical coronary heart disease, cerebrovascular disease or peripheral artery disease?	[1] Yes [2] No [3] Not documented
46	Neuropathy:	N/A
47	Does the patient have peripheral neuropathy?	[1] Yes [2] No [3] Not documented
48	Does the patient have autonomic neuropathy?	[1] Yes [2] No [3] Not documented
49	Other Risk Factors for Future CHD Events	N/A
50	Hypertension	[1] Yes [2] No [3] Not documented
51	Lipid disorder	[1] Yes [2] No [3] Not documented
52	Physical inactivity	[1] Yes [2] No [3] Not documented
53	Current cigarette smoking	[1] Yes [2] No [3] Not documented

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54	Foot Care	N/A
55	Has the patient had amputation of both legs or of both feet?	[1] Yes [2] No
56	Is the date of the most recent foot exam documented in the medical record?	[1] Yes [2] No
57	Date of the most recent foot exam:	N/A
58	Foot exam findings:	N/A
59	Visual inspection	[1] Normal [2] Abnormal [3] Not Documented
60	Sensory exam, including monofilament testing	[1] Normal [2] Abnormal [3] Not Documented
61	Pulses	[1] Normal [2] Abnormal [3] Not Documented
62	Hemoglobin A1c	N/A
63	Is the date of the most recent A1c measurement documented in the medical record?	[1] Yes [2] No
64	Date of the most recent A1c measurement:	N/A
65	A1c result:	N/A
66	Lipid Profile	N/A
67	Were lipid results obtained for this patient?	[1] Yes, as part of a lipid panel [2] Yes, as an individual test or tests (cholesterol, triglycerides, HDL and/or LDL) [3] No, lipid results were not obtained or not documented
68	Date of the most recent lipid panel:	N/A
69	Was total cholesterol obtained?	[1] Yes [2] No
70	Total cholesterol date:	N/A
71	Total cholesterol (mg/dL):	N/A
72	Was LDL cholesterol level obtained?	[1] Yes [2] No
73	LDL date:	N/A
74	LDL cholesterol (mg/dL):	N/A

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75	Was HDL cholesterol level obtained?	[1] Yes [2] No
76	HDL date:	N/A
77	HDL cholesterol (mg/dL):	N/A
78	Were triglycerides obtained?	[1] Yes [2] No
79	Triglycerides date:	N/A
80	Triglycerides (mg/dL):	N/A
81	Treatment and/or Interventions	N/A
82	Is there documentation of an individualized nutrition plan in the medical record?	[1] Yes [2] No
83	Is there documentation of an individualized physical activity plan in the medical record?	[1] Yes [2] No
84	Are any of the following a part of this patient's treatment plan for diabetes?	[1] Yes [2] No
85	Indicate the specific treatment(s) by checking all that apply.	[1] Single oral anti-hyperglycemic agent [2] Combination oral anti-hyperglycemic agents [3] Insulin [4] Other antidiabetes therapy [5] Aspirin [6] ACE inhibitor or ARB [7] Statin or other lipid-lowering therapy
86	Smoking Cessation Support	N/A
87	Is there documentation of smoking cessation counseling?	[1] Yes [2] No
88	Date of the most recently documented smoking cessation counseling:	N/A
89	Functional Status	N/A

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90	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction. [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work). [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours. [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
91	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
92	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
93	Preventive Care	N/A
94	Has the patient received an influenza vaccine during the most recent flu season?	[1] Yes [2] No [3] Unsure
95	Has the patient received a pneumococcal vaccine?	[1] Yes [2] No [3] Unsure
96	Barriers to Self Care	N/A
97	Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A
98	Psychiatric illness or cognitive impairment	[1] Yes [2] No
99	Problems with adherence	[1] Yes [2] No
100	Other medical conditions	[1] Yes [2] No
101	Social factors	[1] Yes [2] No
102	Has the patient's health insurance status affected the choices of care you made for this patient?	[1] Not at all [2] Somewhat [3] Greatly
103	Have language barriers affected your ability to care for this patient?	[1] Not at all [2] Somewhat [3] Greatly