

Diabetes Foot Care Questionnaire

Name: _____

Taking care of your feet is an important part of diabetes care. Please answer the following questions about your feet and how you care for them. Please return the completed form to the Diabetes Centre.

History of Foot Problems

- Have you ever had a sore or cut on your foot or leg that took more than two weeks to heal? Yes No
- Have you ever had a foot ulcer? Yes No
- Have you ever had an amputation of a toe, foot, or leg? Yes No
(If yes, date: ____/____/____).

Current Foot or Leg Problems

- Do you have an ulcer, sore, or blister on your feet at this time? Yes No
- Do you have blood or discharge on your socks? Yes No
- Do you have any calluses on your feet? Yes No
- Do you have any numbness, tingling, pins and needles, or itching sensation in your feet? Yes No
- Do you have any tightness, heaviness, pain, or cramps in your feet or legs? Yes No

Foot Care

- Can you reach and see the bottoms of your feet? Yes No
- Do you examine your feet? (If yes, how often?) Yes No
 - Every day 2-6 times a week
 - Once a week or less When I have a problem
- Do you wash your feet everyday? Yes No
- Do you dry well between the toes? Yes No
- Do you use a moisturizing cream on your feet? Yes No
- Do you cut your own toenails? (If no, who does this for you?) Yes No
 - Family member Caregiver Foot care nurse Podiatrist

(complete other side)

Foot Wear

What kind of shoes do you wear? (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> pointed toes | <input type="checkbox"/> broad, round toes | <input type="checkbox"/> high heels |
| <input type="checkbox"/> sandals | <input type="checkbox"/> flip flops/thongs | <input type="checkbox"/> athletic/sneakers/runners |
| <input type="checkbox"/> shoes made of leather or canvas | | <input type="checkbox"/> special/custom shoes |
| <input type="checkbox"/> shoes with adjustable laces, buckles or velcro | | |

What kind of socks do you wear? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> cotton | <input type="checkbox"/> wool | <input type="checkbox"/> acrylic/synthetic |
| <input type="checkbox"/> knee highs | <input type="checkbox"/> elastic-free tops | <input type="checkbox"/> seamless socks |
| <input type="checkbox"/> nylons/pantyhose | <input type="checkbox"/> "diabetes" socks | <input type="checkbox"/> prescription/compression |

Safety and Prevention

- Do you ever soak your feet? Yes No
- Do you always test water temperature before putting your foot in? Yes No
- Do you use medicated products for warts, corns or calluses? Yes No
- Do you put moisturizing creams or lotions between your toes? Yes No
- Do you ever walk around in your bare feet? Yes No
- Do you ever wear shoes without wearing any socks? Yes No
- Do you always inspect your shoes for foreign objects or torn linings? Yes No
- Do you use a hot water bottle or heating pad on your feet? Yes No
- Do you sit with your legs crossed? Yes No
- Do you smoke? Yes No

Foot Care Education

- Have you ever attended a class on how to care for your feet? Yes No
- Have you ever read any handouts on foot care? Yes No
- Have you ever read any handouts on proper footwear? Yes No
- Would you like a handout on how to care for your feet? Yes No

Thank you for completing this questionnaire!