

**Centreville Animal Hospital**  
13663 Lee Highway Centreville, VA. 20121  
**Questionnaire for Patients with Diabetes**

**Client:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

-----  
Time last insulin was given \_\_\_\_\_ am/pm

Amount given \_\_\_\_\_ units

Type of insulin \_\_\_\_\_

Normal time given in a.m. \_\_\_\_\_ in p.m. \_\_\_\_\_

Are you at at the beginning or end of the bottle you are using? \_\_\_\_\_

Have you changed the amount or frequency of insulin recently? \_\_\_\_\_

If so, when? \_\_\_\_\_ What change did you make? \_\_\_\_\_

-----  
Normal Diet \_\_\_\_\_

Quantity offered at each feeding \_\_\_\_\_

Frequency of feeding \_\_\_\_\_

Are treats offered? \_\_\_\_\_ frequency \_\_\_\_\_ type \_\_\_\_\_

-----  
Increased or decreased water consumption or urination? \_\_\_\_\_

Increased or decreased urine production? \_\_\_\_\_

Any changes in appetite? \_\_\_\_\_

Any weakness or lethargy noticed? \_\_\_\_\_

Any diarrhea or vomiting? \_\_\_\_\_

-----  
Are there any other behavioral or habit changes noticed? \_\_\_\_\_

-----  
Do you have any other questions for the doctor? \_\_\_\_\_

-----