

Name: _____ Social Security Number: _____

DIABETES QUESTIONNAIRE

- 1) How long have you been treating the claimant? _____
- 2) What type of diabetes does the claimant suffer from? _____
- 3) What clinical findings do you have in support of that diagnosis? _____

- 4) Are claimant's blood sugar levels maintained under good control within normal limits?
Yes No
- 5) Does the claimant suffer any physical limitations (including but not limited to blackouts, dizziness, numbness in extremities, etc.) due to his/her diabetes? Yes No
If yes, please describe fully. _____

- 6) Does the claimant suffer from any diabetic neuropathy? Yes No
If yes, please describe fully. _____

- 7) Does the claimant suffer from acidosis occurring at least on the average of once every two months documented by appropriate blood chemical test - pH or PCO₂ or bicarbonate levels?
Yes No N/A
If yes, please state which test has been used. _____

- 8) Does the claimant suffer from retinitis proliferans? Yes No N/A
If yes, please describe the extent of the claimant's visual impairment. _____

- 9) What degree of limitation would you consider the claimant's condition to have on his/her ability to perform work activity?
Please circle: None Slight Moderate severe Severe

Signature of Physician

Date