



ISLAND CATS
QUESTIONNAIRE FOR DIABETIC PATIENT

Patient name: _____

Date: _____

Type of insulin administered: _____

Time and dose of last insulin: Time _____ Dose _____

Diet and amount fed daily: Diet _____ Amount _____

Time of last meal and amount eaten: _____

Water intake: Decreased Normal Increased

Urine production: Decreased Normal Increased

Appetite: Decreased Normal Increased

Stamina and strength: Decreased Normal Increased

Have you had any problems with injections? _____

Have you noticed any signs of hypoglycemia including weakness, loss of balance, behavior changes, seizures? Yes No

Explanation: _____

Other complications / concerns: _____

I brought insulin for my cat: Yes No

I need to purchase insulin for my cat: Yes No