

Diabetes Self-Management Training (DSMT) — Postassessment

	Physician's Name:	Phone	Address
Name (Last) (First) (M.I.)	__FP/GP__Ped__Int__Endo__Other		

__ 1:1 __ Phone __ Letter *OR* __ Dropped out __ Refused __ Unable to Contact __ Moved __ Deceased

Curriculum Taught	Knowledge Rating 1— No 2— Little 3—Basic 4— Advanced 5 — Comprehensive
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____ 1:1 ____ Group <input type="checkbox"/> Special condition exists that contraindicates participation in a group session ie. Language, Hearing, Cognitive, Visual Barriers Assessment	Date	Initials	Time Minutes	Rating	Behavioral Assessment/ Current Practice
1. Diabetes disease process/treatment options					
2. Physical activity					
3. Medications					
4. Monitoring					
5. Preventing, detecting, and treating acute complications					
6. Preventing (risk reduction), detecting, and treating chronic complications					
7. Goal-setting and problem solving					
8. Psychosocial adjustment					
9. Preconception care, pregnancy, and gestational diabetes management					
10. Nutritional management					

Plan of Care:

_____ / _____ / _____
 Date of Next Follow-up Signature of Participant / Date Signature of Instructor / Date