

Diabetes Self-Management Training (DSMT) — Preassessment

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

Content Area Knowledge Rating 1 = No 3 = Basic 5=Comprehensive 2 = Little 4 = Advanced	R a t i n g	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		

Outcome 1:1 Meal Planning Session/Individualized Plan of Care

Plan of Care:

Time Spent: Initial Assessment _____ Minutes 1:1 Meal Planning _____ Minutes

_____ / _____ / _____

Signature of Participant Signature of Nurse Instructor / Date Signature of Dietitian Instructor / Date