

## Diabetes Self-Management Training (DSMT) - One-Year Follow-up

	Physician's Name:	Phone	Address
Name (Last) (First) (M.I.)	__FP/GP__Ped__Int__Endo__Other	_____	_____ _____
<b>Content Area</b> <b>Knowledge Rating</b> 1 = No    3 = Basic    2 = Little    4 = Advanced    5 = Comprehensive	<b>R a t i n g</b>	<b>Behavioral Assessment/ Current Practice</b>	
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			
<b>Plan of Care:</b>			
<b>Goals Met:</b>			
<b>Measurable Clinical Outcomes Met:</b>			
<b>Plan:</b>			
<b>Time Spent:</b> _____ <b>Minutes</b>			

Date for Follow-up DSMT (if appropriate) \_\_\_\_\_

Date for Follow-up MNT (if appropriate) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Participant / Date

\_\_\_\_\_  
 Signature of Instructor / Date