

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Referring Provider: \_\_\_\_\_



Assessment/Scale: 1= needs instruction    2= needs review    3= comprehends key points    4= demonstrates understanding/competency    NC= not covered    N/A= not applicable

**Diabetes Self-Management Education and Support Participant Record**

Topics Learning Objectives	Initial	Initial or Post Srvc	Post Service	Comments						
	Pre Edu Assessment/ Education Plan	Edu outcome or Reassess	Edu outcome or Reassessment							
<b>Educator Initial:</b>										
<b>Date:</b>										
<b>Diabetes disease process and Treatment process</b> <i>Define diabetes and identify own type of diabetes; list 3 options for treating diabetes</i>										
<b>Incorporating nutritional management into lifestyle</b> <i>Describe effect of type, amount and timing of food on blood glucose; list 3 methods for planning meals</i>										
<b>Incorporating physical activity into lifestyle</b> <i>State effect of exercise on blood glucose levels</i>										
<b>Using Medications safely</b> <i>State effect of diabetes medicines on diabetes; name diabetes medication taking, action and side effects</i>										
<b>Monitoring blood glucose, interpreting and using results</b> <i>Identify recommended blood glucose targets and personal targets</i>										
<b>Prevention, detection, and treatment of acute complications</b> <i>List symptoms of hyper- and hypoglycemia; describe how to treat low blood sugar and actions for lowering high blood glucose levels</i>										
<b>Prevention, detection and treatment of chronic complications</b> <i>Define the natural course of diabetes and describe the relationship of blood glucose levels to long term complications of diabetes</i>										
<b>Developing strategies to address psychosocial issues</b> <i>Describe feelings about living with diabetes; identify support needed and support network</i>										
<b>Developing strategies to promote health/change behavior</b> <i>Define the ABCs of diabetes; identify appropriate screenings, schedule and personal plan for screenings.</i>										

Participant Selected DSMS Plan \_\_\_\_\_

Participant Selected Behavioral Goal/s and Outcomes: \_\_\_\_\_

Comments: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

**Instructions for Form Use:**

*This form can be used for initial comprehensive DSMES and for post program DSMES. The top two rows of the above table are used to indicate this.*

*Top Row: Indicate if the participant visit/session is initial comprehensive DSMES or post program DSMES.*

*Second Row: Indicate if the column is being used to document education outcomes or re-assess the participant's needs.*