ADCES DEAP DIABETES EDUCATION ACCREDITATION PROGRAM

DSMES INTERVENTION TRACKING FORM

Participant Name: ____ Date of Birth: _______________

Date of DSMES Assessment: ________________ Learning Needs: ________________________________

DSMES PLAN

WHAT TOPICS: ☐ Healthy Coping ☐ Healthy Eating ☐ Being Active ☐ Taking Medication ☐ Monitoring ☐ Problem Solving ☐ Reducing Risks

HOW: ☐ Group ☐ Individual (special needs: ____)

WHERE: ☐ In-person ☐ Telehealth ☐ Telephone (audio-only) **WHEN** (date of first session): _______________

DATE OF SERVICE:	**Session #1**	**Session #2**	**Session #3**	**Session #4**
TIME SPENT: in 30-minute units				
INDIVIDUAL OR GROUP				
TOPICS COVERED Check all that apply	☐ Healthy Coping ☐ Healthy Eating ☐ Being Active ☐ Taking Medication ☐ Monitoring ☐ Problem Solving ☐ Reducing Risks	☐ Healthy Coping ☐ Healthy Eating ☐ Being Active ☐ Taking Medication ☐ Monitoring ☐ Problem Solving ☐ Reducing Risks	☐ Healthy Coping ☐ Healthy Eating ☐ Being Active ☐ Taking Medication ☐ Monitoring ☐ Problem Solving ☐ Reducing Risks	☐ Healthy Coping ☐ Healthy Eating ☐ Being Active ☐ Taking Medication ☐ Monitoring ☐ Problem Solving ☐ Reducing Risks
Participant DSMES Progress and Plan:				
Clinical or Behavioral Outcome				
DSMES Team Signature:				

Participant's SMART goal:____

Date goal set: ________ **Date of goal follow up:** ________ **Goal Progress: Never Met 1 - 2 - 3 - 4 - 5 Always Met**

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