**DSMES INTERVENTION TRACKING FORM 2**

<table>
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<tr>
<th>DATE OF SERVICE</th>
<th>START TIME</th>
<th>END TIME</th>
<th>GROUP OR INDIVIDUAL?</th>
<th>IN PERSON OR TELEHEALTH?</th>
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**TOPICS COVERED**
Check all that apply

- Healthy Coping
- Healthy Eating
- Being Active
- Taking Medication
- Monitoring
- Problem Solving
- Reducing Risks
- Other:

**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