Name of Sponsoring Organization
<u>Sample</u> Diabetes Self-Management Education Follow-Up

Participant's Name _____Date _____

(Note: Before mailing this follow-up form to participant, list behavior change goals made by participant during the diabetes self-management class)

Behavior Change Goals:	**How successful were you in meeting these change goals?**				
	Always		Sometimes		Never
_____	**1**	**2**	**3**	**4**	**5**
_____	**1**	**2**	**3**	**4**	**5**
_____	**1**	**2**	**3**	**4**	**5**

□ My behavioral change goal(s) has (have) positively affected my health and quality of life.

Explain:_____.

□ My behavioral change goal(s) **<u>did not</u>** positively affect my health and quality of life.

Explain_____.

I am making regular visits to my primary care provider. □ Yes □ No

I am monitoring my blood sugar. □ Yes □ No

Since the diabetes self-management education class I have had blood glucose levels below 70 mg/dl _____ times (e.g., 7 times).

To correct this situation, I did the following:_____.

Since the diabetes self-management education class I have had blood glucose levels above 160mg/dl _____ times (e.g., 9 times).

To correct this situation, I did the following:_____.

I am checking my meter strips for expiration dates. □ Yes □ No

I am running accuracy/control checks on my meter. □ Yes □No

(*This follow-up form is one example. Please edit to accommodate organization needs.)*

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I check my feet daily for cuts, bruises, wounds that are not healing, etc. ☐ Yes ☐ No

I wear diabetes identification. ☐ Yes ☐ No

The diabetes self-management classes helped me better manage my diabetes.

☐ Yes ☐ No

☐ Since attending the diabetes self-management classes my self-care knowledge and skills have improved.

Please explain _____.

☐ Since attending the diabetes self-management classes my self-care knowledge and skills have **<u>not</u>** improved.

Please explain __ _____.

I need additional instruction, and/or skills to help me manage my diabetes (choose all that apply):

Help with finger pokes	☐	Help using my meter	☐
Meal planning	☐	Giving myself insulin	☐
Medications	☐	Stress management	☐
Weight management	☐	Exercise	
Smoking cessation	☐	Other _____	

I followed-up on the referrals, listed below, that were made during the diabetes self-management class:

(***Note: Before mailing this follow-up form to the participant, list the referrals that were made during the diabetes self-management class***)

Referrals:_____ ☐ Yes ☐ No _____ ☐ Yes ☐ No

Referrals:_____ ☐ Yes ☐ No _____ ☐ Yes ☐ No

If No, please explain _____

(*This follow-up form is one example. Please edit to accommodate organization needs.)*

Name of Sponsoring Organization
<u>Sample</u> Diabetes Self-Management Education Follow-Up

To be completed by diabetes instructor
Additional referrals given/recommended during follow-up assessment:

Referral: _____ To Whom: _____
Referral: _____ To Whom: _____
Referral: _____ To Whom: _____

Participant's Signature _____Date _____

Instructor's Signature _____ Date _____

(*This follow-up form is one example. Please edit to accommodate organization needs.)*