

DSMES Group Interventions/Weekly Action Plans

Participant Name: _____ MRN: _____ Workshop Dates: _____

Date	Action Plan	AADE 7 Self-Care Behavior	Follow Up	Goal Review Documentation
Week 1	SMART Goal: Confidence Level (0-10): Staff Initials:	<i>Circle which behavior this goal is addressing.</i> Healthy Eating Being Active Monitoring Taking Medication Problem Solving Healthy Coping Reducing Risks	Date:	<input type="checkbox"/> Met <input type="checkbox"/> Not Met Barriers: Possible Solutions: Staff Initials:
Notes (questions, concerns, comments on participant's progress): Staff Initials:				

Date	Action Plan	AADE 7 Self-Care Behavior	Follow Up	Goal Review <i>Documentation</i>
Week 2	SMART Goal: Confidence Level (0-10): Staff Initials:	<i>Circle which behavior this goal is addressing.</i> Healthy Eating Being Active Monitoring Taking Medication Problem Solving Healthy Coping Reducing Risks	Date:	<input type="checkbox"/> Met <input type="checkbox"/> Not Met Barriers: Possible Solutions: Staff Initials:
<p>Notes (questions, concerns, comments on participant’s progress):</p> Staff Initials:				

Date	Action Plan	AADE 7 Self-Care Behavior	Follow Up	Goal Review <i>Documentation</i>
Week 3	SMART Goal: Confidence Level (0-10): Staff Initials:	<i>Circle which behavior this goal is addressing.</i> Healthy Eating Being Active Monitoring Taking Medication Problem Solving Healthy Coping Reducing Risks	<i>Date:</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met Barriers: Possible Solutions: Staff Initials:
Notes (questions, concerns, comments on participant's progress): Staff Initials:				

Date	Action Plan	AADE 7 Self-Care Behavior	Follow Up	Goal Review Documentation
Week 4	SMART Goal: Confidence Level (0-10): Staff Initials:	<i>Circle which behavior this goal is addressing.</i> Healthy Eating Being Active Monitoring Taking Medication Problem Solving Healthy Coping Reducing Risks	Date:	<input type="checkbox"/> Met <input type="checkbox"/> Not Met Barriers: Possible Solutions: Staff Initials:
Notes (questions, concerns, comments on participant's progress): Staff Initials:				

Date	Action Plan	AADE 7 Self-Care Behavior	Follow Up	Goal Review <i>Documentation</i>
Week 5	<p>SMART Goal:</p> <p>Confidence Level (0-10):</p> <p>Staff Initials:</p>	<p><i>Circle which behavior this goal is addressing.</i></p> <p>Healthy Eating Being Active</p> <p>Monitoring Taking Medication</p> <p>Problem Solving Healthy Coping</p> <p>Reducing Risks</p>	<p>Date:</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Not Met</p> <p>Barriers:</p> <p>Possible Solutions:</p> <p>Staff Initials:</p>

Notes (questions, concerns, comments on participant's progress):

Staff Initials:

Date	Long-Term Action Plan	AADE 7 Self-Care Behavior
Week 6	3 to 6 Month SMART Goal: Confidence Level (0-10): Staff Initials:	<i>Circle which behavior this goal is addressing.</i> Healthy Eating Being Active Monitoring Taking Medication Problem Solving Healthy Coping Reducing Risks
Notes (questions, concerns, comments on participant's progress): Staff Initials:		

Educator Signatures	Staff Initial	Review Date