

S A M P L E
CDSMP Follow-Up Plan
and Assessment Form

HEALTH BEHAVIOR AND ASSESSMENT INTERVENTION (HBAI)

Name: _____

Date: _____

FOLLOW UP PLAN

Recommendations:

- | | | | |
|-------------------------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Foot Doctor | <input type="checkbox"/> Eye Doctor | <input type="checkbox"/> Quit Smoking |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Flu Vaccination | <input type="checkbox"/> Pneumonia Vaccination | |
| <input type="checkbox"/> Public Health/Visiting Nurse Visit | <input type="checkbox"/> Support Group _____ | | |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> HDL | <input type="checkbox"/> LDL | <input type="checkbox"/> Triglycerides |
| <input type="checkbox"/> Microalbuminuria | <input type="checkbox"/> Other _____ | | |

Behavior Change Goal:

Specific behavior to be changed _____

How will you change the behavior? _____

How will the behavior change improve your health or quality of life?

Signature _____

FOLLOW UP ASSESSMENT

How successful are you with your behavior change goal?

- Never Sometimes Usually Always

If you are not always successful, why not?

Did you follow through with recommendations? (see above) Yes No

If not, why not? _____

How is your current health?

Poor Fair Good Excellent

How often do you follow your meal plan?

N/A Rarely or never Occasionally Often Always

If you do not always follow your meal plan, why not?

How often are you physically active? _____

How well do you feel you are able to do the take your home medication as prescribed by your doctor(s)?

N/A Poor Fair Good Excellent

How sure are you that you can manage your chronic disease?

Not sure Somewhat sure Very sure

My chronic disease is a(n):

Disaster Burden Problem Challenge Opportunity Other

Write one example of how you used what you learned about self-managing chronic disease in your class:

What has changed in your chronic disease care since the classes?

FOR INSTRUCTIONAL STAFF ONLY

Additional interventions provided/follow-up needed

See Education Record: _____

Signature: _____