

MRN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

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*First Name*                      *Initial*                      *Last Name*

**Pre and Post - Chapter 1**  
**Rosa's Story: The Basis for Good Control**

**Write down the most important thing you would like to learn from this chapter,**

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**Please rate the following areas using the numbers below:**

**1 = I know this**

**2 = I need more instruction**

**3 = I need a full review**

<b>Before</b>		<b>After</b>
<input type="checkbox"/>	How to treat my type of diabetes	<input type="checkbox"/>
<input type="checkbox"/>	How to ask for an interpreter when needed	<input type="checkbox"/>
<input type="checkbox"/>	How to recognize if my diabetes is well controlled	<input type="checkbox"/>
<input type="checkbox"/>	How to screen for complications	<input type="checkbox"/>
<input type="checkbox"/>	How I can decrease my risk of complications	<input type="checkbox"/>
<input type="checkbox"/>	How to care for my feet	<input type="checkbox"/>

**Diabetes Self-Care Action Plan**

**At the end of this chapter, please choose a goal you want to focus on.**

**I will:**

- Check and record my blood glucose \_\_\_\_\_ times a day and compare the result with my blood glucose targets
- Have a conversation with my diabetes team on how to lower my A1c to less than 7%
- Stop smoking or encourage people around me to stop smoking
- Know my numbers! Look for the last result for my A1C, blood pressure and microalbumin.
- Book an eye exam for diabetes (dilated eye exam)
- Check my feet every day.
- Other \_\_\_\_\_

**Remember:**      Review your Diabetes Self-Care Action Plan with your healthcare provider