

Pre- and Post-Chapter 4 Survey
Rosa's Story: Blood Sugar Testing & Medications

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

Please rate the following areas using the numbers below:

1 = I know this

2 = I need more instruction

3 = I need a full review

Before		After
<input type="checkbox"/>	The names of your medications used to treat diabetes	<input type="checkbox"/>
<input type="checkbox"/>	Treatment options available	<input type="checkbox"/>
<input type="checkbox"/>	How to prevent and treat low blood glucose	<input type="checkbox"/>
<input type="checkbox"/>	Insulin does not cause blindness	<input type="checkbox"/>
<input type="checkbox"/>	Depression is common among people with diabetes	<input type="checkbox"/>
<input type="checkbox"/>	I know how to use my blood glucose meter	<input type="checkbox"/>

Diabetes Self-Care Action Plan

At the end of class, please choose a goal you want to focus on.

I will:

- Take my oral diabetes medications as prescribed: _____ (medication name), _____ (doses and time).
- Take my insulin as prescribed and record in my logbook.
- Check and record my blood glucose _____ times a day.
- Use _____ to treat blood glucose levels less than 80.
- Check and take note of my blood glucose _____ times a day.
- Other _____

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