

MRN# _____ - _____ - _____ DOB _____

First Name *Initial* *Last Name*

Pre- and Post-Chapter 5 Survey
Rosa's Story: Emotional Balance

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"/>	Diabetes and mental health	<input type="checkbox"/>
<input type="checkbox"/>	Symptoms of depression	<input type="checkbox"/>
<input type="checkbox"/>	Symptoms of anxiety	<input type="checkbox"/>
<input type="checkbox"/>	How to manage stress	<input type="checkbox"/>
<input type="checkbox"/>	Depression is common among people with diabetes	<input type="checkbox"/>

Diabetes Self-Care Action Plan

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

I will:

- Try relaxation exercises _____ days a week
- Set realistic goals to improve my diabetes control, I will work on one goal at a time.
- Keep track of my progress (including slips or mistakes) on a daily basis for the next three months.
- Schedule an appointment with a mental health provider.
- Join a diabetes support group in my community.
- Other _____

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