# New Beginnings Session Tracking Form

Please complete this form after each session. Check all that apply and answer each question in detail. Keep a copy for your records.

Your name: Click here to enter text.

Date:Click here to enter text.

Location:Click here to enter text.

Participant names:\* Click here to enter text.

**Length of session:** Click here to enter text.

**Number of participants:** Click here to enter text.

**Number of participants with diabetes:** Click here to enter text.

**Number of participants without diabetes:** Click here to enter text.

\*Participant names are included so you can track attendance from session to session. This will allow you to follow up with participants who may miss one or more sessions. To protect the privacy of your participants, you should delete the names before sharing the tracking form with anyone.

Select the modules, discussions, and activities you used during this session:

| Module | Topics Covered | Activities Completed |
| --- | --- | --- |
| Module 1 Overview: Living Well With Diabetes | Diabetes ABCs  Managing diabetes  Supporting a loved one with diabetes | Exercise A |
| Module 2 Know Your ABCs | Diabetes ABCs  Managing diabetes  Goal setting | Exercise A  Exercise B  Exercise C |
| Module 3 Coping With Emotions | Emotional coping  Depression  Providing emotional support | Exercise A  Exercise B  Exercise C |
| Module 4 Overcoming Self-Doubt | Building self-confidence and reducing self-doubt  Goal setting | Exercise A  Exercise B  Exercise C |
| Module 5 Managing Stress | Stress management | Exercise A  Exercise B  Exercise C |
| Module 6 Problem Solving and Emergency Preparedness | Problem solving  Emergency preparedness | Exercise A  Exercise B |
| Module 7 Children and Family: How Can They Understand? | Communicating with children and family members  Building social support | Exercise A  Exercise B  Exercise C |
| Module 8 Working With Your Doctor | Preparing for health care visits  Roles for family caretakers | Exercise A  Exercise B |

Please list other topics you covered or activities you included that are not listed above:

Click here to enter text.

What, if any, information did you include from:

1. CT1: Understanding Health Information Click here to enter text.
2. CT2: Spirituality as a Guide and Support Click here to enter text.
3. CT3: Commit to Quit: Stopping Smoking Click here to enter text.
4. CT4: Preventing Type 2 Diabetes Click here to enter text.

Select the resources you used during today’s session:

## Stories

The Debilitator Video

It Takes a Family

Managing Diabetes Podcast: Episode 1

Managing Diabetes Podcast: Episode 2

Living with Type 2 Diabetes: Finding the Support You Need

A Little Help Goes A Long Way

Haywood’s Story: Living with Type 2 Diabetes

Setting Goals to Improve Your Health

Stressful Situation Activities (Activity 1 or 2)

Getting Ready for Your Diabetes Care Visit

Partnering with Your Diabetes Care Team

Other. Please list: Click here to enter text.

## Handouts

5 Questions to Ask Your Health Care Team about Your Type 2 Diabetes

A Guide to Changing Habits

A Little Help From My Family PSA

Attention Men! Control Your Diabetes for Life…and for Your Family

Be Your Own Best Friend Worksheet

Being Prepared for a Disaster When You Have Diabetes

Depression and Diabetes pamphlet

Diabetes Disaster Preparedness

Diabetes Numbers At A Glance Card

For a Healthy Heart, Control the ABCs of Diabetes

Healthy Coping Strategies Worksheet

Help a Loved One With Diabetes

How Can I Help Worksheet

Know Your Diabetes ABCs Just Like You Know Your Other Numbers

Learn About Diabetes Together worksheet

Making a Plan Worksheet

Managing Your Diabetes at Work, School, and During Travel from Take Charge of Your Diabetes

Problem Solving Plan Worksheet

Step by Step CD

Take Care of Your Heart. Manage Your Diabetes

Team Roster Worksheet

The Power to Control Diabetes Is In Your Hands

Tips for Kids: What is Diabetes

Tips to Help You Stay Healthy

Other. Please list: Click here to enter text.

How well did today’s session go?

Very well

Somewhat well

Somewhat poorly

Very poorly

What about today’s session went well?

Click here to enter text.

What about today’s session could be changed or improved?

Click here to enter text.

List participant questions or issues that need follow-up. Check them off as you complete follow-up.