# 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.

[ ]

[ ]

[ ]

[ ]

[ ]