

ADULT EDUCATION CHECKLIST

DIABETES CENTRE

INSTRUCTIONS:

- Instruction** Use this column to indicate the first time the topic was taught/reviewed.
- Reinforcement** Use this column to indicate review of specific topics.
- Date** Record date. Initial if required.
- C** Check (✓) when exhibits understanding & ability to apply.
- H** Check (✓) if handouts/material given.
- F** Check (✓) if family/others were present for instruction.
- G** Check (✓) if topic was instructed in a group.
- *** Indicates survival skills for appropriate treatment type.

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
What is Diabetes?															
Antihyperglycemic Agents															
• Name/dosage/action/timing*															
• Side effects/interactions*															
Insulin															
• Name/dosage/action/timing*															
• Storage/preparation															
• Injection/site selection/rotation*															
• Pens/syringes															
• Adjustment/pattern management															
Hypoglycemia															
• Signs & symptoms/treatment*															
• Causes/prevention*															
• Glucagon*															
• Diabetes identification															
• Recognizing patterns															
• Driving (safety)															
SMBG															
• Purpose/frequency/timing															
• Technique/record keeping															
• Target values/interpretation/action															
• Meter care/lab comparison															
Ketone Monitoring															
Sharps Disposal*															
Infection Control*															
• Single use needles															

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
Nutrition															
• Healthy eating guidelines															
• CHO sources/balance/consistency*															
• Regular meals/spacing*															
• Meal balance/variety*															
• Snacking*															
• Role of macronutrients															
• Specific modification: <input type="checkbox"/> fat															
<input type="checkbox"/> sodium															
• Other: <input type="checkbox"/>															
<input type="checkbox"/>															
<input type="checkbox"/>															
Meal Plan*															
• Just the Basics™															
• Simplified/menus/CFG															
• Portion control															
• Beyond the Basics™															
• CHO counting															
• Glycemic Index															
• Other:															
Dietetic Foods/ Sweeteners															
Label Reading															
Special Eating Situations															
• Travel															
• Other:															
Alcohol															
• Effect on blood glucose*															
• Effect on weight/lipids															
• Interaction with medication															
• Use in meal plan/selections															
Weight Control and DM															
• Goal setting															
• Effect on BG/BP/lipids															

TOPIC	Instruction					Reinforcement					Reinforcement				
	DATE	C	H	F	G	DATE	C	H	F	G	DATE	C	H	F	G
Exercise															
• Benefits/role															
• Monitoring/compensation for exercise															
Supplements															
• Vitamins/minerals															
• Herbal															
Sick Day Management															
• Hyperglycemia/ketoacidosis															
• Monitoring protocol															
• Medication protocol															
• OTC medications															
• Intake for sick days															
Pregnancy Planning															
Self-Management/ Complication Prevention															
• Goal setting															
• Goals of treatment/targets															
• BP management															
• Lipid management															
• Eye care/dental care															
• Foot care/skin care															
• Lab tests/routine assessment															
• Immunization															
• Emergency Preparedness															
Stress Management/Depression															
Family at Risk (Prevention)															
Community Resources/Supports															
Other:															

Date	Name (Print)	Signature	Initials	Discipline

DIABETES CENTRE SESSIONS ATTENDED:

- Previous Prediabetes Program Date: _____ Where: _____
- Survival Skills Program Date: _____ Where: _____
- General Program (1 2 3 days) Date: _____ Where: _____
Please Circle

Group/Modular Sessions Recommended/Attended:

- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____
- _____ Date Attended: _____

Comments:
