

Wisconsin Dietetic Association's Type 2 Diabetes Outcomes Study

Intervention Record

Patient ID # _____

Session Number	1	2	3	4	5	6
Session Date:						
Session Length (# of minutes)						
Session Type: (check one in each category)	<input type="checkbox"/> One:One <input type="checkbox"/> Group	<input type="checkbox"/> One:One <input type="checkbox"/> Group <input type="checkbox"/> Phone	<input type="checkbox"/> One:One <input type="checkbox"/> Group <input type="checkbox"/> Phone	<input type="checkbox"/> One:One <input type="checkbox"/> Group <input type="checkbox"/> Phone	<input type="checkbox"/> One:One <input type="checkbox"/> Group <input type="checkbox"/> Phone	<input type="checkbox"/> One:One <input type="checkbox"/> Group <input type="checkbox"/> Phone
Setting:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpt <input type="checkbox"/> LTC	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpt <input type="checkbox"/> LTC	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpt <input type="checkbox"/> LTC	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpt <input type="checkbox"/> LTC	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpt <input type="checkbox"/> LTC	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpt <input type="checkbox"/> LTC
Session Charge:						

Topics Covered (Check a box each time you cover a topic)

Develop Individualized Meal Plan based on: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carbohydrate Choice Counting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carbohydrate Gram Counting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exchange Pattern <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food Guide Pyramid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General Diabetes Guidelines <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Individualized Menus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Portion Control Only	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diabetes Management Goals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Target Blood Glucose <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blood Glucose Monitoring <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HbA1C
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pathophysiology of Diabetes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Relationship of Food, Medication, Exercise, Blood Glucose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medications Effects <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Signs, Symptoms and Treatment of Hypoglycemia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Signs, Symptoms and Treatment of Hyperglycemia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sick Day Management
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Psychosocial Issues	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weight Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Activity/Exercise
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fiber Intake <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooking/Baking Techniques <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sweeteners <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recipe Modification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Label Reading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eating Out <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Special Occasion Eating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alcohol Intake <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Low Fat Diet Principles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type of Fat Intake <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cardiac Risk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Smoking