

Appendix C. Peer Advisor's Program Tools (Peer Advisor Manual), Peer Advisor's Program Tools (Client Plan Book), Participant Material (Activity Book),

# Peer Advisor Manual



## Client Information

**UPDATE AS NEEDED**

- You will receive the name and study cell phone number of your client from your community coordinator or one of the research team members from UAB.
- Write them into the areas below. You'll get additional information during the first session call.
- You will call the client to set up the appointment for the first session.
- Try to have the first session within 7 days of receiving the client's name.

**Client name:**

**Study cell phone number:**

**Notes:**


**Home number:**

**Work number:**

*Additional people that would know how to get in touch with the client:*

**1. Phone number and the person at this number and how she/he is related to client:**

**2. Phone number and the person at this number and how she/he is related to client:**

- 
- You should have this information filled out based on information that the Living Well with Diabetes research assistants have already collected.
  - During the first call, fill in any missing information, especially additional phone numbers of people that might know how to get in touch with the client.
  - You will continue to update this information during the next 12 weeks.

**Scheduling Session 1**

**REMEMBER!** Session 1 should be within 7 days of receiving the client's name. If unable to reach the client, note your attempt(s) in the log below.

<i>Call Log</i>		
Dates	Times	Notes
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
<p>1. Community coordinator notified (note date / time):</p>  <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>date</i>                      <i>time</i></p>	<p>2. Community coordinator calls back with Next Steps:</p>   

- *If you do reach the client, follow the script below.*

- Hello, Ms. / Mr. (\_\_\_\_\_), I'm (\_\_\_\_\_), your peer advisor from the Living Well with Diabetes Program.
- I'll be working with you during the next six months to help you with the program. Is this a good time for a five-minute call? *If not, schedule a time to call the client back.*
- Great! When you met the research assistant for this program, she asked you a lot of questions and checked your blood pressure and other things.
- She also left with you an Activity Book, DVDs and a DVD player, and your study phone. You watched the first session on the DVD at that time.
- Now, I'd like to set up an appointment to talk with you on the phone sometime this week for about 45 minutes. When would be a good time for that?

<i>Date of Session 1:</i>	<i>Time:</i>
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- Let me give you my contact information in case you need to reschedule. If you don't mind grabbing your Activity Book, there is a place in the front where you can write my name and my phone number. *Let the client fetch the Activity Book and write your information.*
- OK, my name is (\_\_\_\_\_), and my phone number is (\_\_\_\_\_). If something comes up and you can't talk at the time we just scheduled, just give me a call and let me know, and we'll reschedule.
- Now, when we talk again, I'd like to go over the materials that the research assistant left with you. So, please have your Activity Book handy when I call. Also, you may want to re-watch the first session on the DVD.
- We're also going to talk briefly about your diabetes medications, so please have with you your diabetes medications in their pill bottles when we talk again.
- OK, I look forward to speaking with you then!

## Week 1, Session 1: “Introduction to Living Well with Diabetes”

**Session Goals:**

- Introduction to the program, review of schedule, commitment to the program
- Diabetes basics
- Setting a goal for diabetes medication taking
- Assign homework

**Before Calling the Client** -----

- From the in-person training, review the experiences that you, a family member, or someone you know have had while living with diabetes. Review client’s diabetes medications and medication barriers in client plan book.


**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read those sections aloud to the client.

<b>Call Log</b>			
	Dates	Times	Notes
Attempt 1			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
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<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span style="font-size: small;">date</span> <span style="font-size: small;">time</span> </div>	2. Community coordinator calls back with Next Steps:  

## Getting to Know Your Client -----□

- Hello, Ms. / Mr. (\_\_\_\_\_), this is (\_\_\_\_\_) from the Living Well with Diabetes Program. How are you doing today?
- We had scheduled this time to talk for about 45 minutes. Is this still a good time?
- Great! Do you have your Activity Book and your diabetes medications in front of you? *If needed, let client fetch the Activity Book and medications.*
- OK, let's get started. First, let me make sure I have your contact information. I already have your study phone number, but in case it runs out of battery, would you give me the number of two people who would know how to reach you? *Verify that the information on page 1 of your manual is correct, and fill in any spaces that are empty.*
- Now, you may have questions between our sessions, so I want to make sure that you can call me. Do you still have my telephone number written on the front page of your Activity Book?
- If you do call me between our sessions, I might not be able to take your call all the time, but I'll call you back as soon as I can. Is that okay? *Make sure the client has your number written on the front page of the Activity Book.*
- Great. We will be talking today for about 45 minutes. Do you feel okay with that today?
- Wonderful. I would like to begin by getting to know each other better. Let me tell you a little about myself. 

### **Potential Talking Points**

- *Where you are from and where you live*
- *How long you and your family have lived in your area*
- *What you do for a living, or what you used to do if you are now retired*
- *How many children or grandchildren you have*
- *Whether you are married and for how long*
- *Your hobbies*
- *Your previous experience with the Encourage and Living Healthy programs and/or how you have been helping people with diabetes take care of their health*

- Can you tell me a little bit about yourself?

- *If needed, ask questions to get the client to open up.*
- *Write down some notes about things like their spouse's name, children's names, hobbies, etc.*
- *You will refer back to this section throughout the program.*

- Thank you for sharing that with me! I'm glad that we're getting to know each other better.



- An important part of this program is looking ahead positively. As part of that, would you mind sharing with me some things that you are looking forward to in the future, maybe a few years from now?

- *If needed, suggest events such as the wedding of a grandchild, the birth of a great grandchild, travel, or a special reunion.*
- *Try to get at least 2 to 3 long-term, meaningful events or goals that motivate them.*
- *Write goals on page 3 of the Client Plan Book.*

- Those are wonderful things to look forward to! This is the reason why I enjoy being a part of this program, because its goal is to help people like you and me live a full and healthy life.
- During this program, we'll discuss diabetes, healthy eating, exercise, and other health topics, providing information that can let you live longer, better.
- Now, it's very important that you understand that I am not a doctor or a nurse.
- I am a health coach, and I've been trained to work with you to complete this program. If you have a question that I can't answer, I will get the correct answer from the study doctors. How does that sound? *Let client answer.*

***Introducing the Living Well with Diabetes Program -----***

- Great, now that we know a little bit about each other, let's talk about the program, which is called, "Living Well with Diabetes."
- We know that diabetes is very common and has a big effect on how you live. You will be taking care of your diabetes for the rest of your life.
- There are a lot of things you need to do every day to take care of yourself when you have diabetes, but people with diabetes can still live a full and active life.
- So, this program will help you learn what to do to take care of yourself the best you can, every single day. You will learn these things through our discussions and watching videos.
- Speaking of the videos, when you first met the research assistant for this program, she left with you a DVD player and program DVDs, and you watched a video on this program.
- You will watch a video each week between our telephone sessions, so I want to make sure you're comfortable with the DVD player and the DVDs. Do you have any questions about the DVDs or how to use the DVD player?

*Refer to the FAQs for answers, or write down the question and let the client know that you will find out the answer and let them know next week.*



- OK, another item that you will use during the program is the Activity Book, which you have in front of you right now. During our sessions, we will learn about ways to live well with diabetes, and between sessions, we'll ask you to practice what you've learned.
- The Activity Book will help you practice, so let's turn to page 2. Here you can see some of the points made on the DVD. *Let your client get to the page.*

***Reviewing the DVD: Introduction to Living Well with Diabetes***-----

- What did you think about the video for this week? *Listen supportively.*
- Let's review. We learned that diabetes is a problem with the body's ability to handle blood sugar. When the blood sugar stays too high, it can cause all sorts of problems.
- The video also talked about why some people get diabetes and others don't, and how long it takes for most people to develop diabetes. What did you think about that? *Let the client answer.*
- Another thing the video talked about was the health problems that people with diabetes may experience. This is shown with the figure in the middle at the bottom of page 2. Do you see all the arrows pointing to different parts of the body that diabetes can affect? Can you remember some of those problems that diabetes can cause?

*If needed, remind your client that diabetes can cause blindness, stroke, heart attack, kidney failure, amputation, impotence, and nerve damage.*

- Was any of this information new to you? *Let the client answer and listen supportively.*
- There is a lot to take in, isn't there? For many people, learning that they have diabetes can be overwhelming at first.
- Do you remember the person in the video and what she went through when she first found out she had diabetes? What did you think about that? How did you feel when you first learned you had diabetes?

*Notes:*

- Thanks for sharing your experience with me! Different people react differently when they're first diagnosed, but most people find that living with diabetes has a big impact on their life.
- For most people, diabetes will never go away, so you'll need to manage your diabetes for the rest of your life. The good news is that there's a lot that you can do to keep your diabetes under control.
- An important point to remember is that much of what you should do to take care of your diabetes is good for everyone, not just people with diabetes. So, *your* healthy choices will not only help *you*, but it will also help the people that you care about.

- You will see that even small changes can have a big impact on your health and the health of the people around you. How do you feel about that? *Listen supportively.*
- You are making a wonderful start by joining this program! We have some easy ways to help you remember the important parts of taking care of your diabetes.
- OK, now find the box with “ABCDE” in it on page 2. The video also talked about the ABCDEs of diabetes. Do you remember what the ABCDEs stood for? *If needed, remind client the ABCDEs: A1c, or blood sugar; blood pressure; cholesterol; diet; and exercise.*
- Do you see the 3-legged stool, on the left-hand side of page 2, that the video talked about? Can you remind me what those 3 parts were? *If needed, remind client the 3 parts: healthy eating, being physically active, and taking medications as prescribed by the doctor.*

**Activity 1a: Checking for Side Effect or Cost Issues for Diabetes Medications -----**

- As we just talked about, taking medications is an important part of living well with diabetes. However, many people have trouble taking their medications, and there are a lot of reasons why this may be.
- I’d like to begin by focusing on the medications that you take for your diabetes and see if you have any questions. You told the research assistant what medicine you’re taking, and I’m looking at this list right now.

**Step 1.** Go to page 4 of the Client Plan Book, where UAB staff will have provided the names of all the diabetes medications your client is taking. Read out loud the name of the first diabetes medication.

- One medicine that you’re taking for your diabetes is [read off first diabetes medication if there is more than one].

**Step 2.** Ask how the client is taking the medication.

- Tell me how you take this medicine. How many times a day do you take it? How many pills each time? What are the times you take it?  
*Compare what the client tells you to what is written in the Client Plan Book for dose and frequency (and other directions, if any). For that medication, mark down whether the client is taking the medicine as directed by checking “Yes” or “No” in the column headed “Taking as Prescribed.” If they are not taking it correctly, explain how to take it. Then, have the client repeat back to you, at least once, how to take it correctly. Write notes in the space as needed so you can remember what the problem is. You’ll go over this in future sessions.*
  - Remember, once daily is usually in the morning at breakfast.
  - Twice daily is about 12 hours apart, morning and evening (for example, 8 a.m. and 8 p.m.)
  - Three times daily is about 8 hours apart (8 a.m., 4 p.m., midnight, or bedtime).

**Step 3.** Now ask about side effects for the first diabetes medication.

- Are you having any side effects from this medicine?

Check off “Yes” or “No” next to “Side Effects.”

If they say, “No” (they are not having a side effect), move on to Step 4.

If they say, “Yes” (they are having a side effect), then ask: What’s the side effect?

- Note down any side effects in the space provided in the client plan book. Then ask:

- Do you ever miss any doses of the medicine because of side effects?

- Check off “Yes” or “No” next to “Is the side effect causing missed doses?”
- Often people can live with minor side effects, so having a side effect doesn’t mean they aren’t able to take the medicine. If they say, “No” (they are taking the medicine even though they are having a side effect), praise them and move on to Step 4.
- If they say “Yes” (they are missing doses due to the side effect), tell them:

- Having side effects can make it hard for us to take our medicines! But, we are going to make a plan to see what we can do about that.

**Step 4.** Now ask about cost for the first diabetes medication.

- Are you having any trouble affording this medicine?

Check off “Yes” or “No” next to “Is medicine affordable?”

If they say, “No” (they are not having trouble affording the medicine), move on to Step 5.

If they say, “Yes” (they are having trouble affording the medicine), then say:

- OK, can you tell me more about this? In the client plan book, write down details about what makes it hard to afford this medication.
- Many people find it hard to afford their medicines! But, you and I are going to make a plan to see what we can do about that.

**Step 5.** Repeat Steps 1, 2, 3 and 4 for each diabetes medication.

**Step 6.** This step depends on what the client has told you during Steps 1-5 for each diabetes medication:

- If the client has trouble with side effects and/or cost,
  1. Complete Activity 1b, “Making a Plan for Side Effects and/or Cost Issues.”
  2. Then, go to Activity 2 and continue with the rest of the session.
- If the client does not have trouble with side effects and/or cost,
  1. Skip Activity 1b, “Making a Plan for Side Effects and/or Cost Issues.”
  2. Go to Activity 2 and continue with the rest of the session.

**Activity 1b: Making a Plan for Side Effects and/or Cost Issues -----□**

- OK, you are having trouble taking your medicine because of... *[repeat the side effect and/or cost issue from page 4 of the Client Plan Book].*
- Your medicine can't help you if you can't take it. Let's make a plan today to reach out to your doctor this week to see what can be done. The doctor can switch you to a different medicine, cut back the dose, or both. *Go to page 5 of the Client Plan Book. Write today's month, day, and year under "Date of plan."*
- First, let's decide who is going to call the doctor. Will you be comfortable calling by yourself? If you'd like to have somebody else on the phone with you, who will it be? *Write down who will be calling the doctor.*
- OK, now, when will you make this call? *Write down the day and time for the call.*
- Finally, let's rehearse what you'll say to the doctor. *Write down what the client will say to the doctor. Have the client repeat what they will say if they hesitate the first time.*
- OK, that sounds like we are beginning to get a plan. Let's think about how hard this may be for you to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- What do you think you can do to overcome these things? *Help clients think of possible ways to overcome these barriers, and write down those solutions.*
- This is great. I look forward to hearing how it went when we talk next week.

**Activity 2: Checking for Other Diabetes Medication Issues and Making a Plan -----□**

- OK, let's move on.
- I'd like to go over some other issues that you mentioned to the research assistant about your diabetes medicines.
- Let's see. I see that you told the research assistant... *Follow the directions below.*

*Go to page 8 of the Client Plan Book to review other barriers to taking diabetes medications.*

- *Read aloud each issue marked "Very Often."*
- *If there are no issues marked "Very Often," then read aloud each issue marked "Often."*
- *If there are no issues marked "Often," then read aloud each issue marked "Sometimes."*

*For example, you might say: "I see that you told the research assistant that you very often just forget to take your diabetes medication. Is that still true?"*

- OK, it sounds like you’ve got some issues that prevent the medicine from working for you. So what should we work on first? *If client hesitates, ask: How about... [pick the first on the list]? What do you think about working on this issue?*

*Listen supportively. Assess how receptive they are to tackling this issue. If they are not very receptive, move on to the next issue until you find one they want to work on. Once the client decides on the issue they want to work on, go to page 9 in the Client Plan Book and write down today’s date and the issue.*

- OK, let’s talk about this a bit. I’d like to understand this issue better. Can you tell me more about this issue? *Let them tell you why they have this issue, or why they feel this way. Listen supportively. If the issue is one that was mentioned by someone on the DVD, mention that. Or, if one of your clients has had a similar issue, mention that also. Let your client know that others have this issue also – they are not alone.*
- Can you think of some things that you can do to overcome this issue? *Brainstorm with them. Offer suggestions only after you first make sure they want suggestions. Refer to the table of potential solutions to each problem starting on page 27 in the Client Plan Book.*
- OK, so what would you like to try to do this week to work on this problem? *If they listed more than one strategy, ask them to pick one. Make sure to help client come up with a plan that is SMART (specific, measurable, achievable, relevant, and time-bound). Write down the strategy in the Client Plan Book in the space provided.*
- OK, that sounds like we are beginning to get a plan. Let’s think about how hard this may be for you to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- What do you think you can do to overcome these things? *Help clients think of possible ways to overcome these barriers, and write down those solutions.*
- This sound great! I look forward to hearing how it went when we talk next week.

**Tracking Your Progress** -----

- Now, let’s look at the chart on page 4 in your Activity Book. On the left side of the page, do you see the column with a picture of a pill bottle at the top?
- Your homework is to check “Yes” for every day that you take your diabetes medications exactly the way they are prescribed. If you weren’t able to take your diabetes medications that day, then mark “No” for that day.
- It’s important that you are honest when you fill out this chart every day. The goal of the program is to help you take charge of your diabetes, and I can’t help you if we can’t track your progress together.

	 <b>Took my diabetes medications?</b>	
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



- Many people have a lot of problems with their medicines, so I need to understand when things are not going as planned. Do you understand? *Make sure they are committed to letting you know if the answers are “no” on the chart.*
- Do you have any questions about what to do? *Make sure client understands what to do.*
- Great! This homework is an important part of the program. Research has shown that tracking our progress by monitoring how we’re doing can help us achieve our goals.
- You’ll monitor something every day during the program, but what you’ll monitor will vary. Honesty is really important here, otherwise I can’t help you. We’ll talk a lot more about monitoring in each session.
- Do you have any questions? *Give client a few seconds.*

### **Rules and Responsibilities** -----

- OK. Now, for this program to help you, you have to commit to it. So, please go back to page 3 in your Activity Book. There, you’ll see rules for both of us to follow during the program.
- Here is what I will need to do:**
- I will call you every week in the beginning, then less often to go over our sessions.
- We will schedule our phone appointments together. If I can’t make an appointment, I’ll let you know, and we’ll reschedule.
- When I call you, I’ll be on time.
- I will help you learn, and I will listen to you.
- Here is what you will need to do:**
- Be on time. If you can’t make it, call me, and we’ll reschedule.
- Use the phone provided by the study for our calls. Please don’t use the phone for personal calls. Also, please be careful with it, because we’ll need it back at the end of the study.
- Tell me if you’re not feeling well or if you don’t feel up to having a session. We can reschedule.
- Participate actively. Try your best. This is a training program to help you help yourself, so if you don’t try, the program won’t help you.
- Between our phone sessions, practice and monitor your progress and watch the videos.
- Finally, tell me if you have any concerns.
- Remember, this program does *not* include:**
- Financial support, medical advice, or medication management.
- As I said before, I am not a doctor or a nurse. I am a person from the community who has been trained to help you with this program.

- This program is six months long.**
- Please stay on page 3 and look at the chart on the left side of the page. As you can see, I'll be calling you every week for the first six weeks. After that, I'll be calling you every other week for the next six weeks. Then, for the last three months, I'll be calling you once a month. Each phone session will last about a half hour to forty-five minutes.
- Since this is a research study, the researchers for this program will use the information you provide to see how well the program worked. They may also record some of the sessions to make sure everything is going on as planned.
- However, our discussions will be kept between you, the research team, and me.
- When the program is over, you don't get to keep the phone, but you do get to keep the DVD player and the DVDs.
- Do you have any questions about how this program works? *Let client ask questions.*

**Signing the Contract** -----

- OK. Research has shown that making a commitment to the program really helps people.
- Are you ready to make this commitment? *Give client a few seconds.* Wonderful! Then, please stay on page 3 in your Activity Book and look at the bottom right-hand corner. *Let client get to the box.*
- Take a moment to sign on the line showing that you are making a commitment to the program. *Let client take a moment to sign on the line.*

**Storing the Program Materials** -----

- OK, we're almost through! Let's take a second to figure out where you'll keep your study materials between our phone sessions.
- Remember, you'll use your Activity Book to track your progress between our sessions.
- So, can you think of a place to keep it where you'll see it every day and where you can easily get to it to do your homework and to bring to our phone calls?

*Write down where client will store the Activity Book:*



- Now, where do you think you can keep your DVD player? It would be good to keep it close to your Activity Book and in a place away from children until you're done with the program.

*Write down where client will store the DVD player:*

***This Week's Homework*** -----

- Great! Let's make sure we're clear on this week's homework and then schedule our next phone session.
- For your homework this week, you'll use the chart on page 4 to keep track of how you're doing with taking your diabetes medicine exactly as prescribed. Check "Yes" for every day that you took your diabetes medicine like the doctor prescribed. On the other hand, you'll check "No" if you weren't able to take your diabetes medicine as prescribed that day.
- You'll tackle the issue with your diabetes medicine that we talked about earlier. I want to hear all about how that went when we talk next week.
- Finally, you'll watch the Healthy Eating video and we'll be talking about that at our next phone session, too. Do you have any questions? *Let the client answer.*

***Scheduling Next Session*** -----

- OK, when would you like to talk next week?

- *Try to make this date as close to 7 days from now as possible.*
- *Allow at least 7 days between sessions, but no more than 10 days.*

***Next appointment date and time:***

- OK, please write down the date and time in the box at the bottom of page 4.
- I look forward to speaking next week and hearing how things went!

<input checked="" type="checkbox"/> Session 1 completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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## Week 2, Session 2: “Healthy Eating Strategies”

**Session Goals:**

- Brief review of last week’s session
- Review DVD: Healthy eating
- Apply the 3 rules of eating healthy to our diet
- Review homework
- Homework – SMART Goal for healthy eating

**Learn more content:** *Tips for Shopping Healthy at the Dollar Store/Convenience Store*

**Before Calling the Client** -----

- Review last week’s assignment and the medication barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read those texts aloud to the client.

<b>Call Log</b>		
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Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
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Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
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<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <div style="border-bottom: 1px solid black; height: 40px;"></div>

**Greeting** -----□

- Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

- OK, please turn to page 5 in the Activity Book.

Today, we'll review what we learned last week and talk about how your homework went.

- We'll also learn about healthy eating and diabetes. To do this, we'll review the video on Healthy Eating and talk about some simple rules that you can follow to help you eat healthy.

- Finally, we'll talk about your homework for this week.

- Can I ask if you've watched the DVD?

*If they did not watch the DVD, tell them to watch it now, and you'll call back in a half hour.*

**Review Last Week's Session** -----□

- OK, let's review what we learned last time. Please turn to page 5 in your Activity Book.

- Please look at the review section of the page. We talked about diabetes, which means the body can't handle blood sugar.

- When the body can't use blood sugar normally, there's too much sugar in the blood stream. That's uncontrolled diabetes, and it makes you tired, thirsty, and run to the bathroom a lot.

- Over many years, diabetes can cause complications like heart attack, stroke, kidney problems like dialysis, blindness, nerve damage, and amputations. Uncontrolled diabetes increases your chances of getting these things, sometimes called "diabetes complications."

- You can see all the organs that diabetes affects in the cartoon in the middle of the page.

- We also learned that for most people, diabetes is an illness that develops over many years. That's the picture in the middle of the right side of the page, where diabetes didn't happen until after many years of eating unhealthy and being too inactive.

- For most people, even if they eat right, exercise, and take their medicines, diabetes won't go away. But there's a lot you can do to control diabetes and decrease your chances of getting the problems listed in the review section of the page.

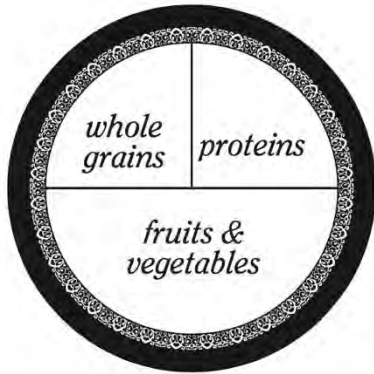
- That means that you'll probably need to take care of your diabetes for the rest of your life.

- Taking care of your diabetes means eating healthy, getting enough exercise, taking medications, and going to the doctor regularly for check-ups to keep the ABCDEs of diabetes in check. Do you remember what that stands for? *Point out the box on the bottom of page 5.*

- You can remember what you need to do every day at home to take care of your diabetes by thinking of the 3-legged stool on the bottom right of page 5. Can you remind me what the 3-legged stool is? *Let client answer. If needed, tell client the 3 legs: eating healthy, being physically active, and taking your medications as prescribed.*

- We learned that we need to do all 3 things in order for us to live better, longer, with diabetes.
- Does that sound right? *Let client answer.* Did you have any questions? *Let client answer.*

## Review DVD: Healthy Eating -----□



- Great! Let's move on and talk about the DVD you watched this week. How did you like it? *Let the client answer and listen supportively.*
- OK, please turn to page 6 in your Activity Book. Let's review some of the things we saw on the DVD. *Let the client get to the page.*
- So, we learned why eating healthy is so important. First, eating healthy provides your body with the nutrients you need to be active and healthy.

- Eating healthy also helps you to better manage your weight and to control diabetes.
- A healthy diet can make us feel good now *and* in the future, because eating healthy helps keep the blood sugar down to keep you feeling well, and it also decreases the chances of diabetes complications, like heart attack, stroke, dialysis, and amputations.
- In the video, several people spoke about how eating healthy makes them feel, like how it affects their mood and their ability to do the things they need to do and to enjoy life. Have you noticed this yourself? Do you think healthy eating makes a difference in how you feel day-to-day? How about what you are able to do on a daily basis?

Notes:

- Now, the DVD shared three simple rules to help you eat healthy every day. Do you remember any of the three rules? *Let them tell you any or all of the 3 rules.*
- OK, let's review. **Rule Number One was to avoid second helpings.** We can remember this rule by thinking, **“One and done.”**
- **Rule Number Two was to use the healthy eating plate as a guide to eating the right balance of foods, and to not overload the plate.** You can remember this rule by thinking, **“Respect the border,”** so that you can see the pretty border of the plate and not overload.
- Can you remember how we should divide up the plate?

*Let client answer. If needed, remind client that*

- *Half of the plate should be fruits and vegetables.*
- *A quarter of the plate should be protein, like red meat, pork, fish, chicken, and beans.*
- *The last quarter of the plate should be starchy foods, like brown rice, pasta, potatoes, corn, and peas.*

- An important part of this rule is not to overload your healthy plate, right? You want to be able to see the border of the plate – respect that border.

- Last but not least, **Rule Number Three was to eat less fried foods and fats, and drink fewer sugar-sweetened beverages.** You can remember this rule by thinking, **“Be sweet on yourself.”** Avoiding unhealthy foods is definitely being sweet on yourself.
- How do these three rules sound? *Let the client answer and listen supportively.*
- These rules can not only help *you* eat healthy and live well, but they also can help *your family and friends*, too! If they don’t already have diabetes, eating healthy can help prevent diabetes.
- As the DVD said, people with diabetes don’t need to fix themselves “special” meals while having to fix something different for the rest of the family.
- Do you remember the person in the video that talked about how she felt when she thought she had to cook differently for herself, while the rest of the family ate what they wanted? Have you experienced that yourself or known anybody that has gone through that?

*Notes:*

- That person also talked about how her cooking and eating healthy ended up helping her whole family, like how her husband’s blood pressure went down from eating healthier. What about you? Have you known anyone that has gotten healthier because their family or friends changed how they ate?

*Notes:*

- Thanks for sharing your thoughts about this! Like the video said, these three rules—one and done, respect the border, and be sweet on yourself—will help the *entire* family eat healthy and live well. How do you feel about that? *Let the client answer and listen supportively.*
- Great! Now that we know the three rules are good for the *whole* family, we can use these three rules to guide us as we shop and prepare foods for healthy meals and snacks.
- As you know, it can be challenging to shop and prepare healthy foods, because we have to drive far to get to the grocery store, and fresh fruits and vegetables can cost a lot and spoil quickly.
- Plus, we are often very busy taking care of our families and friends, working, and volunteering. This can make it hard to find the time to take care of our diabetes.

- We are going to work together to figure out what works best for you and your family so that you can eat healthy and live as well as you can, as long as you can.
- Also, you might enjoy reading the information on page 8 of your activity book, which shares some tips about how you can shop at your local Dollar Store or other convenience store and make healthier choices.
- Great! Do you have any questions so far? *Let client answer.*

***Activity 1: Assess Your Healthy Eating: What did I eat in the past day? -----***

- OK, let's check out what you're eating and talk about what you could do to eat a little healthier.
- It's hard to make a change if we don't know what we're doing well and where we could use a little help.
- So, please think about what you ate yesterday. *Go to page 12 in the Client Plan Book and fill in the chart by following the script on the next page.*



**Let's begin with breakfast.**

- Did you have more than one helping of a meat or a starch? *Remember: starches are "white foods" like potatoes, bread, bagels, rice, grits, pasta, cereal. If yes, then ask: How many helpings in all? Write down the number over 1; for example, if they had 2 helpings of grits, that's one second helping and you would write down 1 under breakfast.*
- Did you have any fruit? *If yes, then ask: How many servings? Write down the number of fruits under breakfast.*
- Did you have any vegetables? *If yes, then ask: How many servings?*
- Did you drink any sugar-sweetened drinks? *If they sweeten coffee with sugar, that's a sugar-sweetened drink. Soda pop is sugar-sweetened. Fruit juice counts as sugar-sweetened. If yes, then ask: How many?*
- Did you have any dessert? *If yes, then ask: How many servings?*
- Did you have any fried food? *If yes, then ask: How many servings?*

**Now, let's talk about lunch.**

- Did you have more than one helping of a meat or a starch? *Note: a sandwich is usually two pieces of bread; the second piece counts as a second helping!*
- Did you have any fruit? *If yes, then ask: How many servings?*
- Did you have any vegetables? *If yes, then ask: How many servings?*
- Did you drink any sugar-sweetened drinks? *If yes, then ask: How many?*
- Did you have any dessert? *If yes, then ask: How many?*
- Did you have any fried food? *If yes, then ask: How many servings?*

**OK, let's now talk about dinner.**

- Did you have more than one helping of a meat or a starch?
- Did you have any fruit? *If yes, then ask: How many servings?*
- Did you have any vegetables? *If yes, then ask: How many servings?*
- Did you drink any sugar-sweetened drinks? *If yes, then ask: How many?*
- Did you have any dessert? *If yes, then ask: How many?*
- Did you have any fried food? *If yes, then ask: How many servings?*

**Finally, think about your snacks.**

- Did you have more than one helping of a meat or a starch?
- Did you have any fruit? *If yes, then ask: How many servings?*
- Did you have any vegetables? *If yes, then ask: How many servings?*
- Did you drink any sugar-sweetened drinks? *If yes, then ask: How many?*
- Did you have any dessert? *If yes, then ask: How many?*
- Did you have any fried food? *If yes, then ask: How many servings?*

□ OK, that's great. Now, give me a minute to total this up.

- *Add across in each row and enter the total in the "Total" column.*
  - *For example, if they had 1 second helping of starch at breakfast, no second helpings at lunch, 1 second helping at dinner, and no second helpings at snack, that's  $1 + 1 = 2$ .*
  - *You would enter a "2" in the "Total" box for "Second helpings of meat or starch."*
- *Repeat for each line (number of fruits, number of vegetables, number of sugar-sweetened drinks, number of desserts, number of fried foods).*

□ OK, now let's see how healthy your eating was. Please turn to page 6 in your Activity Book, and write down these numbers in the chart under where it says "Me". Do you see that?

□ OK, under "Me" in the line that says "Number of second helpings of meat or starch", please write down ... *say the number in the Total box for "Number of second helpings of meat or starch" from the chart on page 12 in the Client Plan Book.*

- *Repeat for each line (number of fruits, number of vegetables, number of sugar-sweetened drinks, number of desserts, number of fried foods).*
- *Keep your voice neutral and don't make the client feel bad.*

*This is what they see in their Activity Book:*

	<b><i>ME</i></b>	<b><i>Goal</i></b>
Number of second helpings of meat or starch		0
Number of fruits		3-4
Number of vegetables		3-4
Number of sugar-sweetened drinks		0
Number of desserts		0-1
Number of servings of fried foods		0

**Activity 2: Set a SMART Goal to Improve Healthy Eating** -----□

- OK, did you write down those numbers? Why don't you read them back to me? *Let the client confirm.* What are your thoughts as you look at this?

*Listen supportively. Use "OARS" (open-ended questions, affirmations, reflective listening, summaries) to help them recognize areas in need of improvement.*

- OK, so what would you like to do over the next week to make a change?

- *Go to page 13 of the Client Plan Book and write today's date next to "Date of plan."*
- *Help the client set a specific, measurable, achievable, relevant, and time-bound goal.*
- *Once a plan has been made, summarize it. For example, a summary could go like this:*  
*"OK, let me make sure I got this right. So, you noticed that you aren't eating enough fruits and vegetables, you're taking too many second helpings of starches, eating too much fried food, and you drink a lot of sugar-sweetened drinks. This week, you would like to make a change by cutting back on your sugar-sweetened drinks. Rather than drinking sweet tea at dinner, you're going to switch to water. You feel that you're going to be able to do this during weeknights to start with, so you are going to follow your goal Monday through Friday, starting tonight. Did I get that right?"*
- *Once the client confirms the plan, write it down in the space provided in the Client Plan Book. Be sure to write down specific meal(s) and days during which client will follow the goal.*
- *You will encourage the client to also write down their goal in the box to the right of the chart on page 6 of their Activity Book.*

- OK, so that you remember, why don't you jot down this plan in the space on page 6 in the box marked "My Goal Is". Do you see that?
- Ok, let's think about how hard this may be for you to do. It's pretty challenging to change what we eat. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers in the space in the Client Plan Book.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions in the space in the Client Plan Book.*
- This is great! You'll monitor your progress every day this week, and I can't wait to hear how this went for you. Please turn to page 7 and look at the column marked "Eat Healthy?". Each day that you keep to your plan, you'll mark off "yes". If you were not able to keep your plan, you'll mark off "no." Is that clear? *Make sure they understand what to do.*


**Review of Last Week’s Homework** -----□

- OK, let’s now go over your homework from last week. Can you turn to page 4? *Let the client get to the page.*
- For homework, you monitored whether you took all your diabetes medication each day. I’d like to go over it, day by day, and see how it went.
- Let’s start with Day 1. Did you take all of your diabetes medication just like the doctor prescribed on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check “Yes” or “No.”
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every “yes”
- If they didn’t take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, last week, we talked about... [go to Client Plan Book on page 5 and check if the plan focused on side effects or cost; if not, go to page 9 and check if the plan focused on Other Barriers. Read out loud the diabetes medication issue that they chose to work on last week. We made a plan together to overcome this so you can get the most out of your medicines. Let’s review how things went.
- To overcome this issue, you decided to... [read out loud the medication-taking plan from last week].
  - You thought that it might be hard for you to carry out this plan, because... [read potential barriers].
  - To go around the problem, you decided to... [read how client decided to go around potential barriers].

- So, how did this go? *Listen supportively and take notes in the box below. If things did not go well, discuss what to do differently this week. If the problem is solved, praise them!*



Notes:

- ***If their plan worked and last week's issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don't want to tackle another issue and they took their medicine each day, praise them again for their success and tell them you'd like to discuss tackling a new issue next time.***
  - *If they are ready to tackle a new issue, go back to page 4 of the Client Plan Book to the diabetes medication list.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, go to page 8 to the chart on Other Barriers. Look at the list of statements that are marked "Very Often," or "Often" if there are no "Very Often" statements to address, and "Sometimes" if there are no "Often" statements to address.*
  - *Help them decide which new goal they would like to tackle for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:  
"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you'll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make it a SMART goal.*
- ***Record this week's strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week's strategy on page 5, "Plan for Diabetes Medication Side Effects and/or Cost".*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week's strategy on page 9, "Plan for Other Diabetes Medication Barriers".*

- OK, so let's talk about what you'd like to do for the next week.
- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers in the Client Plan Book.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions in the Client Plan Book.*
- OK, let's review that. It looks like you'll... *repeat the medication goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- I look forward to hearing how this plan worked when we talk next time!

***This Week's Homework*** -----

- Now, let's go over your homework for the coming week. Please turn to page 7 in your Activity Book. There, you'll see the chart where you'll monitor your progress until our next session.
- First, you're going to continue tracking how you're doing with your diabetes medication.
- Every day, under the column with the picture of a pill bottle, you're going to mark "Yes" if you took all of your diabetes medication that day. If you weren't able to take all of your diabetes medication, then you'll mark "No" for that day.
- Remember to be honest. I can't help you if I don't know where you need help.
- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- You're also going to mark down whether you succeeded with your healthy eating plan. Remember, you were going to...*Repeat the healthy eating goal you developed today and recorded on page 13 of the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating plan as we discussed.
- Finally, you'll watch the DVD on Getting Exercise, which we'll talk about next time.
- Do you have any questions about what to do? *Make sure client knows what to do.*

		<i>Took all my medications?</i>		<i>Eat healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Scheduling the next session*** -----

- OK, when would you like to talk next week?

- *Try to make this date as close to 7 days from now as possible.*
- *Allow at least 7 days between sessions, but no more than 10 days.*

***Next appointment date and time:***

- OK, please write down the date and time in your Activity Book at the bottom of page 7.
- I look forward to speaking next week and hearing how things went!

<b>✓</b> Session 2 completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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### Week 3, Session 3: “Physical Activity and Your Health”

**Session Goals:**

- Brief review of last week’s session
- Review DVD: Physical Activity and Your Health
- Review last week’s homework
- Homework – SMART Goal for physical activity

**Learn more content:** Chair Exercises, Walking in Place

**Before Calling the Client** -----

- Review last week’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read the text aloud to the client.

Call Log		
Dates	Times	Notes
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
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Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <hr style="width: 100%;"/> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <hr style="width: 100%;"/>



**Greeting** -----□

- Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*
- OK, please turn to page 9. Today, we'll review what we learned last week and talk about how your homework went.
- We'll also learn about physical activity. To do this, we'll review the DVD on physical activity and talk about some simple rules that you can follow to help you add physical activity to your life. Finally, we'll talk about your homework for this week.
- Can I ask if you've watched the DVD?

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

- If they did not watch the DVD, tell them to watch it now, and you'll call back in a half hour.*

**Review Last Week's Session** -----□

- OK, let's review what we learned last time. Please stay on page 9 in your Activity Book.
- We talked about healthy eating, which is one of the legs of the three-legged stool.
- Eating healthy will not only help you get the nutrients you need to be active and healthy, but it also will help you better manage your weight and your diabetes.
- We learned 3 rules to help us eat healthy – can you name them? *Let the client answer. If needed, remind the client that the 3 rules of healthy eating are “One and Done,” “Respect the Border,” and “Be Sweet on Yourself.” Be sure to review what each of these rules means.*
- We also went over how things were going taking your medicines, and made a plan for how you'll try to get the most out of your medicines to Live Well with Diabetes.
- Does that sound right? *Let the client answer.* Did you have any questions? *Let the client answer.*

**Review DVD: Physical Activity** -----□

- Great! Let's move on and talk about the DVD you watched this week. How did you like it?  
*Let the client answer and listen supportively.*
- OK, let's turn to page 10 in your Activity Book and review some of the things we saw on the DVD.
- Now, just as there were 3 rules for healthy eating, the DVD talked about 3 rules for physical activity.
- The first rule is, “Be Smart, Exercise Your Heart.”** This rule will help you to remember the many benefits of physical activity.
- Physical activity can help us feel less tired and more energetic; improve our mood and reduce stress and anxiety; help us think better as we age; and help us live better longer by reducing chronic aches and pains and lowering our risk of future health problems.

- In the video for the past week, there were several people that talked about how exercise helps them in a variety of ways. Can you remember some of those things? *(If needed, remind client of some of the benefits that people mentioned: exercise lifts their spirits, exercise helps them sleep better, and exercise helps get stiffness and pain out of their joints.)* What did you think about that? Have you or anyone you know benefited from exercise like this?

Notes:

- Exercise has lots of benefits beyond helping you lose weight, which is what many people think exercise is only good for. The video mentioned that it's actually not common for people to lose weight when they begin an exercise program.
- Now, the combination of diet and exercise can lead to weight loss, but remember that exercise has many other benefits! It's a critical part of living a long and healthy life.
- For instance, do you remember the pastor from the video talking about how he thinks about his body like a car? Can you remember how he described the heart? How did that strike you?

Notes:

- Now, the second rule is, "Walk Down Your Blood Sugar."** This rule will help you to remember that walking and other kinds of physical activity can help lower your blood sugar.
- The DVD told you that adults should try to get at least 30 minutes of moderate-level exercise on 5 or more days per week. If you're exercising at a moderate level, you can talk but you can't sing.
- If you are not used to getting any exercise, work up to the 30 minutes gradually. It's fine to start small, for example, just 10 minutes a day, and add 5 or 10 minutes every couple of weeks.
- Since exercise lowers your blood sugar, a great time to take a brisk walk is after a meal, when your blood sugar goes up. If you monitor your blood sugar, try testing your blood sugar before and after you exercise to see the difference.
- OK, last but not least, **our third rule is, "Sitting is the New Smoking."** This rule will help you remember that it is very unhealthy to sit too long.
- So, try to incorporate 2 minutes of light activity every hour. The DVD discussed several strategies for doing this. For example, if you're watching TV, you can get up during the commercials and walk briskly around the house until your show comes back on.
- How do these three rules sound? *Let the client answer and listen supportively.*

- What's nice about these rules is that they can not only help *you* exercise and live well, but they also can help *your family and friends*, too!
- As the DVD said, getting at least 30 minutes of moderate-intensity exercise, 5 days per week, is recommended for *all* adults, so you can improve the health of your family and friends by having them exercise with you.
- You also don't need to get fancy equipment or go anywhere special to exercise. Our goal is to help you be physically active in a way that is *manageable* for you.
- So if walking around your neighborhood works best for you, your schedule, and your budget, that's fine! Walking is a great way to reach your physical activity goal.
- Also, you might enjoy the chair exercises video and the walk in place video. These videos show how we can do chair exercises if we are in too much pain to walk very much, or how we can walk in place indoors if we're not able to go outside.
- Great! Do you have any questions so far? *Let the client answer.*

**Activity 1: Set a SMART Goal for Exercise -----**

- Great! Now that we've discussed how important exercise is, let's come up with a plan that will help you get enough exercise.
- Some people with diabetes find it hard to walk because of painful joints, amputations, or other limitations. However, that doesn't mean that you can't exercise. One option is to exercise in a chair. Like walking, chair exercises can improve your health. Also, if your joints are hurting, chair exercises can improve your pain.
- There is a "Learn More" video that shows you how to do chair exercises when you are unable to be on your feet for a long time. You can do the chair exercises with the DVD running, so you might want to give it a try.
- Now, let's think about your own exercise program. Remember, we want to work toward a total of 30 minutes of brisk walking or other similar exercise at least 5 days of the week.
- Let's start with what you do right now to get exercise. Can you tell me what kind of activity you are doing now? Many people do no exercise at all, so, if that's you, don't be shy.

- *Go to page 16 in the Client Plan Book and write today's date next to "Date of plan."*
- *Next to "Current exercise," write down what they are doing currently for exercise and how much.*
  - *Include minutes per day and level of activity.*
  - *For example, if they are doing 5 minutes of slow walking, write that down.*
- *Be reassuring and supportive if they don't do any exercise now, or if they do very little.*

- OK, thanks for sharing that with me! Now, look at the the top right-hand corner of page 10, and you will see a clock and a small calendar.
- This will help you remember that that the recommended amount of exercise is 30 minutes of brisk walking on at least 5 days per week. So what do you think?

What would you like to do to improve? What kind of activity do you want to do this coming week?

- *In the Client Plan Book on page 16, help client set a SMART goal that includes these details:*
  - *Next to “What client will do this week,” write down what they’ll do, for example, walking, or chair exercises.*
  - *Next to “Where client will do it,” write down where the client will exercise.*
  - *Next to “When during the day,” write down at what time in the day the client will exercise, for example, after dinner or 7pm.*
  - *Next to “How many minutes each time,” write down how many minutes of exercise they will do.*
  - *Next to “Which days of the week,” write down specific days the client will exercise.*
- *For clients that don’t exercise at all right now, start with 5-10 minutes per day at a slow pace. If they do well with that, then add another 5 minutes after 2 weeks, and then have them try to pick up the pace. Build slowly toward the 30 minutes, 5 days a week goal!*

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

OK, let’s review that. It looks like you’ll... *repeat the type of exercise, how many minutes on which days, when and where they’ll do it, and with whom, if they plan to exercise with another person. Then, review potential barriers and how client will go around those barriers. Let the client confirm.*

Great, I look forward to hearing how this went when we talk next week!

***Review of Last Week’s Homework -----***

OK, now let’s go over your homework from last week.

Can you turn to page 7 in your Activity Book? *Let the client get to the page.*

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*


<b><i>Client has not done homework for 2 sessions in row</i></b>	<b><i>2. Community coordinator calls back with next steps:</i></b>
<b><i>1. Community coordinator notified (note date / time):</i></b>  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	

**Homework #1: Medications**

OK, let's review how things went with your diabetes medication. Let's start with Day 1. Did you take all of your diabetes medication on Day 1? *Don't review healthy eating at this point.*

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

	 <b>Took all my medications?</b>	
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

- Now, I'd like to follow up on the plan that we made last week to help you get the most out of your medications by taking them every day.
- Let me see, last week, the issue you wanted to work on was... [go to Client Plan Book on page 5 and check if the plan focused on side effects or cost; if not, go to page 9 and check if the plan focused on Other Barriers. Read out loud the diabetes medication issue that they chose to work on last week].
- To overcome this issue, you decided to... [read out loud the medication-taking plan from last week].
  - You thought that it might be hard for you to carry out this plan, because... [read potential barriers].
  - To go around the problem, you decided to... [read how client decided to go around potential barriers].
- Now, how did it go? Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.

Notes:



OK, so what would you like to do over the next week to help you get the most out of your medications?

- ***If their plan worked and last week's issue is resolved, encourage them to tackle a new issue this week.*** *If you try hard and they don't want to tackle another issue and they took their medicine each day, praise them and let them know you'll be talking again about this next time.*
  - *If they are willing to work on something new, go back to the Client Plan Book on page 4, the diabetes medication list.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, turn to page 8 to the Other Barriers list and look at the list of statements that are marked "Very Often," or "Often" if there are no "Very Often" statements to address, or "Sometimes" if there are no "Often" statements to address.*
  - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you'll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make it a SMART goal.*
- ***Record this week's strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week's strategy on the page, "Plan for Diabetes Medication Side Effects and/or Cost," in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week's strategy on the page, "Plan for Other Diabetes Medication Barriers," in the Client Plan Book.*

OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*


OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

OK, let's review that. It looks like you'll... *repeat the medication goal. Then, review potential barriers and how the client will go around those barriers. Let the client confirm.*

I look forward to hearing how this plan worked when we talk next time!

**Homework #2: Healthy Eating**

- OK, great! Let’s talk about your plans for healthier eating. How did things go with your diet? *Listen supportively.*
- Let’s review what you wanted to do to eat healthier. Last week, you decided to... [go to Client Plan Book page 13 and read the healthy eating goal that they chose to work on last week].
- How did that go on Day 1? For each day, check “yes” or “no” for the Healthy Eating column.
- OK, so let’s talk about this.

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Go to page 13 in the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*
  - *Go to page 13 in the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Be supportive, but do remind your client that you’ll revisit the goal next week to see how it went this time.*

- OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let’s review that. It looks like you’ll... *repeat the healthy eating goal. Then, review potential barriers and how client will go around those barriers. Let the client confirm.*
- Great, I look forward to hearing how this plan worked when we talk next time!

**This Week’s Homework** -----□



- Now, let's go over your homework for the coming week. Please turn to page 11 in your Activity Book.
- This week, you're going to have 3 types of homework, one for each leg of the 3-legged stool.
- First, you're going to continue keeping track of how you're doing with your diabetes medication. Every day, under the column with the picture of a pill bottle, you're going to mark "Yes" if you took all of your diabetes medication that day. If you weren't able to take all of your diabetes medication, then you're going to mark "No" for that day.
- Remember to be honest. I can't help you if I don't know where you need help.
- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- Second, you're going to mark down whether you kept to your healthy eating goal on the days that we discussed. Your plan is to ...*Repeat the healthy eating goal from today on page 13 of the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating goal on the days we discussed.
- The goal is to eat healthy every day, so if you are able to follow your healthy eating goal on the other days, mark "Yes" on those days, too.
- Third, you're going to monitor the number of minutes of exercise every day. You decided that you would try ...*Repeat the exercise goal from page 16 of the Client Plan Book.*
- So, under the column with a picture of a person walking, you're going to write down the number of minutes of exercise you were able to do on the days we discussed.
- If you are doing well with your goal and were able to exercise on the other days, write down the number of minutes of exercise on those days, too.
- Finally, you'll watch the DVD on Diabetes Medications, which we'll talk about next time.
- Do you have any questions about what to do? *Make sure client knows what to do.*
- OK, when would you like to talk next week?

- *Try to make this date as close to 7 days from now as possible.*
- *Allow at least 7 days between sessions, but no more than 10 days.*

***Next appointment date and time:***

- OK, please write down the date and time in your Activity Book at the bottom of page 11.
- I look forward to speaking next week and hearing how things went!

Session 3 completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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### Week 4, Session 4: “Diabetes Medications”

**Session Goals:**

- Brief review of last week’s session
- Review DVD: Diabetes Medications
- Review homework
- Learn to connect medicines to future goals
- Your A1c number

**Before Calling the Client** -----

- Review last week’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read the text aloud to the client.

Call Log		
Dates	Times	Notes
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <hr style="width: 100%;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>date</span> <span>time</span> </div>	2. Community coordinator calls back with Next Steps:  <hr style="width: 100%;"/>

**Greeting** -----□

- Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

- Please turn to page 12. Today, we'll review what we learned last week, review your homework, and learn about diabetes medications.

- We'll review what you learned on the DVD, and we'll get new homework for this week.

- OK, let's get started. Can I ask if you've watched the DVD?

*If they did not watch the DVD, tell them to watch it now, and you'll call back in a half hour.*

**Review Last Week's Session** -----□

- OK, let's review what we learned last time. Please stay on page 12.

- We talked about the importance of physical activity, which is one of the legs of the three-legged stool. Remember – if you ignore any one of the three legs, it all comes tumbling down!

- We learned 3 rules to help us be physically active – can you name them? *Let client answer. If needed, remind client that the 3 rules of physical activity are “Be Smart, Exercise Your Heart,” “Walk Down Your Blood Sugar,” and “Sitting is the New Smoking.”*

- We also checked on how you were doing with your medicines, and with healthy eating. You are now actively working on all 3 legs of that stool.

- Does that sound right? *Let client answer.* Did you have any questions? *Let client answer.*

**Review DVD: Diabetes Medications** -----□

- Great! Let's move on and talk about the DVD you watched this week. How did you like it?  
*Let the client answer and listen supportively.*

- Let's review some of the things we saw on the DVD. Please stay on page 12. *Let the client get to the page.*

- During this week's video and the first video you watched for this program, you heard some people talk about diabetes medications and how they felt when they were first given medications for their diabetes. What did you think about that? *Listen to their response. Bring out that many people feel reluctant to take medications after finding out that they have diabetes. Emphasize how common it is that people in your communities feel this way at first and don't realize how important medicines are for keeping them well. However, it's never too late to get the benefits of medicines.*

Notes:

- One of the important points made on the video is that the medications are really important for keeping down your blood sugar, but they aren't perfect.
- We learned that diabetes progresses even on medications. This is why you may eventually need a second or third medication even if you're doing everything right.
- Also, we learned that diabetes progresses much more quickly off medications, shortening your life and increasing risks for disabling conditions like stroke, dialysis, heart attack, and amputations.
- These complications can be prevented or delayed with medications, diet, and exercise.
- There are many types of diabetes medications available, so you should be able to get on a medication that both controls your sugar and lets you feel well.
- Side effects can be a problem, but you should discuss with your doctor before stopping. In the video, do you remember what happened with the person that had trouble with her medications at first? *If needed, remind client that she had trouble with her sugar going too low and experiencing stomach upset. However, instead of stopping her medications on her own, she worked with her doctor to find the right medicine for her.*

Notes:

- Finally, the video mentioned how generic medications work as well as brand name drugs, but generics can be more affordable.
- Did you have any questions about what you learned? *If the client has questions that weren't covered in the video, write down the questions and ask the research team. Tell the client you'll ask the doctors in the study and let them know the answer next time. Or, coach the client to ask their doctor their questions. Write down questions in the box below.*

Notes:

**Activity 1: How Medications Can Help Me Live Better, Longer-----**

- Now, let's review some of the things we talked about at our first session. Please turn to page 13. *Go to page 3 in the Client Plan Book and look at what the client told you were some of their hopes for the future.*

- You told me that you wanted to... *read one of their long term goals from page 3*. Is that still important to you? *Listen supportively.*

- *If the client didn't share anything during the first session, encourage them to share something now. Future plans could include something they want to do in retirement, watching a grandchild grow up, attending a family reunion, etc.*
- *If needed, ask them about their loved ones, especially grandchildren or great grandchildren. Suggest something they may want to look forward to in the future, for example, see their great grandchild get married. Add what client shares with you to what you already wrote on page 3 in the Client Plan Book.*

- After watching the video, now you know how diabetes medications are supposed to work for you. How do you think taking the medicines will let you... *[restate their long-term goal]*?
- So, taking your diabetes medication will help you live well now *and* live well in the future, so that you can do the things we just talked about.
- Your diabetes medication will help you have less symptoms of high blood sugar. If you stop your medicine, within a few days, you may feel very tired and thirsty, and you may run to the bathroom all the time.
- On top of you feeling better, day to day, your diabetes medication will help you reach your long-term, future plans so that you're well enough to do what you want to do and to enjoy it.
- If you stop your diabetes medication, in the long run, you'll have higher risks for stroke, heart attack, dialysis, and amputation.
- Many people who have these complications can't live alone anymore.
- Independence is so important for us as we get older. It's great to know there are so many things we can do to improve our chances for remaining independent as long as possible.
- Do you know anyone who lost their independence because of diabetes, or because of a diabetes complication like stroke, amputation, or dialysis? *Encourage them to tell you about a family member or acquaintance who lost their independence. If they don't know anyone, share a personal story of someone you know who lost their independence. Relate this person's story to the client's own future plans. Ask them how they would feel if this happened to them. Ask them whether they'd like to avoid this if possible.*
- If you make sure you are on medicines that you can afford and that agree with you, and you take them every day, you'll feel better now and you'll increase your chances of being well for... *restate the long-term goal again*. How does that sound? *Listen supportively.*

1. *If they are skeptical about the value of the medicines, talk about others like them who you have helped. You may also want to discuss the video clips of Black Belt residents talking about their diabetes and medicines.*
2. *Be supportive and don't criticize. Encourage them to see the value of medicine.*
3. *If they don't want to, be supportive and move on. There will be more opportunities to talk about this later in the program.*



**Activity 2: Are My Diabetes Medications Working for Me?** -----□

- OK, let's be sure that your medicines are working for you.
- The way we tell whether they're working is your A1c number. From your report card that you got at the start of the study, I see that your A1c number was... *read out loud the A1c number on page 2 in the Client Plan Book.*
- On page 13, write in your A1c number into the box.
- Can you tell me what that number means? *Encourage them to tell you how to interpret the number and reinforce what it means. Use the chart below. This is also in their Activity Book.*
- OK, so your number is... *read the category of A1c number, which means it's... read "what it means".*
- Let's talk about what this means in terms of what you should do.

<b><i>A1c number</i></b>	<b><i>What it means</i></b>	<b><i>What you should do</i></b>
<b><i>Less than 7</i></b>	<b><i>Great control</i></b>	<b><i>Praise, encourage to keep taking medicine, emphasize if they stop it, A1c will go up</i></b>
<b><i>7-8</i></b>	<b><i>OK, not perfect</i></b>	<b><i>Review diet, exercise, and whether they are taking medicines right. Reinforce importance of taking medicine.</i></b>
<b><i>8-9</i></b>	<b><i>Cause for concern</i></b>	<b><i>Review diet, exercise, how they are taking the medicines. Coach them to talk to their doctor if there has not been a change in the medicines since the A1c was taken. Coach them to call the doctor and ask for more medicine if they are taking it correctly.</i></b>
<b><i>9 or higher</i></b>	<b><i>Bigger cause for concern</i></b>	<b><i>Review diet, exercise, how they are taking medicines. If they are taking medicines correctly, coach them to call the doctor and request more medicine.</i></b>

- If the number is less than 7, you want to do whatever you can to keep it there. Can you tell me what that is? *Discuss that this is healthy eating, exercise, and taking the medicines as the doctor prescribed.*
- When it's over 7, it's time for action. That's a sign that you may need to make more efforts to eat healthier, exercise more, or get better at taking the medicines.
- Sometimes you are doing all of those things well, but the number is still high. Do you know what that means? *Explain that this happens as diabetes progresses, and some people may have uncontrolled diabetes even if they are doing everything right. It may be time to increase a dose or get another medicine added – both requiring a talk with the doctor.*



*If you decided together that they should reach out to the doctor, discuss in detail how the client will do that.*

- *Many people won't want to call the doctor themselves and may need help. Discuss who in their family can make the call if they don't feel comfortable.*
- *Write down the date of the call and what they'll say when the client calls the doctor in the box below.*

*If you make a plan to reach out to the doctor, call back the day after the planned call by the client/family member to check how things went. If needed, plan together what to do next if things did not go well (for example, if the client never called, or if they never got to talk to the doctor). They may need to make an appointment, and may need help figuring out how to get there. Help them with this.*

***Review of Last Week's Homework -----***

- OK, now let's go over your homework from last week.
- Can you turn back to page 11 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*


<b><i>Client has not done homework for 2 sessions in row</i></b>	<b><i>2. Community coordinator calls back with next steps:</i></b>
<b><i>1. Community coordinator notified (note date / time):</i></b>	
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	

**Homework #1: Medications**

- OK, let's review your 3 kinds of homework, starting with your medicines.
- How did things go with your diabetes medication? Let's start with Day 1. Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes:

- Now, I'd like to follow up on the plan that we made last week to help you get the most out of your medications by taking them every day.
- Last week, the issue you wanted to work on was... *[go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last week].*
- To overcome this issue, you decided to... *[read out loud the medication-taking plan from last week].*
  - You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
  - To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

Notes:

OK, so what would you like to do over the next week to help you get the most out of your medications?

- ***If their plan worked and last week’s issue is resolved, encourage them to tackle a new issue this week.*** *If you try hard and they don’t want to tackle another issue and they took their medicine each day:*
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements on Page 8 that are marked “Very Often” (or “Often” if there are no “Very Often” statements to address, or “Sometimes” if there are no “Often” statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you’ll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make it a SMART goal.*
- ***Record this week’s strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week’s strategy on the page, “Client Plan for Diabetes Medication Side Effects and/or Cost,” in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week’s strategy on the page, “Client Plan for Other Diabetes Medication Barriers,” in the Client Plan Book.*

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

OK, let’s review that. It looks like you’ll... *repeat the medications goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*

I look forward to hearing how this plan worked when we talk next time!

***Homework #2: Healthy Eating***

OK, now, let’s talk about your healthy eating.

Were you able to eat healthy on Day 1? *For each day, check*

		<b><i>Ate healthy?</i></b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

“yes” or “no” for the *Healthy Eating* column.

- Great! Now, I’d like to talk about the plan that we made last week to help you eat healthy every day. Last week, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last week].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, how did it go? *If they were able to meet their goal, praise them profusely! However, if things did not go as planned, provide encouragement and tell them that you’ll come up with new strategies together, if new plans are needed.*

- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 9 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Go to “Plan for Healthy Eating” in the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*
  - *Go to page “Plan for Healthy Eating” in the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Be supportive, but do remind your client that you’ll revisit the goal next week to see how it went this time.*

- OK, what would you like to do this week in terms of healthy eating?
- OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let’s review that. It looks like you’ll... *repeat healthy eating goal. Then, review potential barriers and how client will go around those barriers. Let the client confirm.*
- Great, I look forward to hearing how this plan worked when we talk next time!

**Homework #3: Physical Activity**

- OK, now, let's talk about your exercise.
- How many minutes of exercise were you able to get on Day 1? *For each day, write number of minutes under the exercise column.*
- OK, now, I'd like to talk about the plan that we made last week to help you eat be more physically active. Last week, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last week].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, how did it go? *If they were able to meet their goal, praise them profusely! However, if things did not go as planned, provide encouragement and tell them that you'll come up with new strategies together, if new plans are needed.*
- Thanks for sharing that with me! We know that the recommendation is to get 30 minutes or more exercise at least 5 days each week, but we need to build up to that gradually.
- OK, what would you like to do this week in terms of physical activity?

		<b>Exercise minutes</b>
Day 1 (today)		minutes
Day 2		minutes
Day 3		minutes
Day 4		minutes
Day 5		minutes
Day 6		minutes
Day 7		minutes

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Go to "Plan for Physical Activity" in the Client Plan Book and write the goal for this week.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- Great, I look forward to hearing how this plan worked when we talk next time!

**This Week's Homework** -----



- Now, let's go over your homework for the coming week. Please turn to page 13 in your Activity Book.
- This week, we'll again have homework for each leg of the 3-legged stool.
- You're going to continue keeping track of how you're doing with your diabetes medication. So, every day, under the column with the picture of a pill bottle, you're going to mark "Yes" if you took all of your diabetes medication that day. If you weren't able to take all of your diabetes medication, then you're going to mark "No" for that day.
- Remember to be honest. I can't help you if I don't know where you need help.
- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- You're also going to mark down whether you kept to your healthy eating goal on the days that we discussed. Your plan is to... *repeat the healthy eating goal from today written down in the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating goal on the days we discussed.
- The goal is to eat healthy every day, so if you are able to follow your healthy eating goal on the other days, mark "Yes" on those days, too.
- You're going to monitor the number of minutes of exercise every day. You decided that you would try ...*Repeat the exercise goal from today written down in the Client Plan Book.*
- So, under the column with a picture of someone walking, you're going to write down the number of minutes of exercise you were able to do on the days we discussed.
- If you are doing well with your goal and were able to exercise on the other days, mark "Yes" on those days, too.
- Finally, you'll watch the DVD on Blood Pressure and Cholesterol Medications, which we'll talk about next time.
- Do you have any questions about what to do? *Make sure client knows what to do.*
- OK, when would you like to talk next week?

- *Try to make this date as close to 7 days from now as possible.*
- *Allow at least 7 days between sessions, but no more than 10 days.*

***Next appointment date and time:***

- OK, please write down the date and time in your Activity Book at the bottom of page 13.
- I look forward to speaking next week and hearing how things went!

✓ Session 4 completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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## Week 5, Session 5: “Blood Pressure and Cholesterol Medications”

**Session Goals:**

- Brief review of last week’s session
- Review DVD: Blood Pressure and Cholesterol Medications
- Review homework
- Learn to connect medicines to future goals
- Your blood pressure and cholesterol numbers

**Before Calling the Client** -----

- Review last week’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

<b>Call Log</b>			
	Dates	Times	Notes
Attempt 1			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;">_____</div> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;">_____</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <div style="border-bottom: 1px solid black; height: 40px;"></div>

**Greeting** -----□

Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

Please turn to page 14. Today, we'll review what we learned last week, learn about blood pressure and cholesterol medications, and review what you learned on the DVD.

We'll also review your homework, and we'll get new homework for this week.

OK, let's get started. Can I ask if you've watched the DVD?

*If they did not watch the DVD, tell them to watch it now, and you'll call back in a half hour.*

**Review Last Week's Session** -----□

OK, let's review what we learned last time. Please stay on page 14.

We talked about the importance of taking our diabetes medications, which is one of the legs of the three-legged stool.

Can you remember some of the ways diabetes medications can help you? *Let client answer. If needed, remind client that diabetes medications work to keep down their blood sugar; high blood sugar will make them feel bad - tired, going to the bathroom too often, and feeling thirsty all the time. Along with diet and exercise, medications also prevent or delay complications of diabetes like stroke, dialysis, heart attack, and amputations.*

OK, we learned that medications aren't perfect, and that your diabetes may continue to progress, even when you're on medications. If you don't take the medicine, your diabetes will progress faster. That's why you may need a second or third medication, even if you're doing everything right.

Diabetes medications may give you side effects, but many people won't get any side effects.

There are many types of medications available, so you and your doctor should be able to find a medication that controls your sugar and lets you feel well.

We also checked on how you were doing with your diabetes medicines and with healthy eating and exercise. In the past two weeks, you have been working on all 3 legs of the stool! That's great!

Does that sound right? *Let client answer.* Did you have any questions? *Let client answer.*

**Review DVD: Blood Pressure and Cholesterol Medications** -----□

OK. Let's move on and talk about the DVD you watched this week. How did you like it? *Let the client answer and listen supportively.*

Let's review some of the things we saw on the DVD. Please turn to page 15. *Let the client get to the page.*

You heard someone on the video talk about blood pressure medications. What did you think about that? *Listen to their response. Bring out that she didn't really understand how*

*important blood pressure medicines were until well after she experienced a complication. Emphasize that high blood pressure is very common in your communities, and that the consequences of not taking care of high blood pressure can be very serious.*

- There are some important numbers to remember. Do you remember the numbers that mean you have high blood pressure? *140 over 90 or higher is high blood pressure.*
- If you don't get it under control, meaning lower than 140 over 90, high blood pressure can lead to serious complications. Do you remember any of these complications? *Complications include stroke, heart attack, dialysis, blindness.*
- One of the important points made on the video is that because it has no symptoms, high blood pressure can be especially dangerous. You may feel OK right up until you have a stroke. It's the "silent killer."
- Sometimes it can feel like the doctor is experimenting because they often switch the medications and change the dose. But this isn't experimenting, right? Many blood pressure medicines work better in some people than others, so it may take a while to get it right.
- Just like for diabetes, there are many different medications available to treat high blood pressure, so you should be able to get on a medication that both controls your blood pressure and lets you feel well.
- Some people do get side effects. Do you remember what the advice was if you get a side effect? *Let them tell you. It should be "talk to the doctor." You shouldn't just stop.*
- Now, the video also talked about high cholesterol. We learned that high cholesterol causes health problems. Do you remember what those were? *Answer: stroke and heart attack.*
- OK, here's a trick question. Do you remember what symptoms high cholesterol causes? *Answer: no symptoms with high cholesterol.*
- What about the "bad cholesterol", do you remember what that was? *Answer: LDL cholesterol.* OK, do you remember the good number you want to be below? *Answer: 100.*
- The main medicine for high cholesterol is a statin. Do you remember how many people feel well and have no side effects on statins? *Answer: 3 of 4.*
- Finally, the video mentioned that, for both blood pressure and cholesterol medications, the generic versions work as well as the brand name drugs, but generics can be more affordable.
- Did you have any questions about what you learned? *If the client has questions that weren't covered in the video, write down the questions and ask the research team. Tell the client you'll ask the doctors in the study and let them know the answer next time. Or, coach the client to ask their doctor their questions. Write down questions in the box below.*

Notes:

**Activity 1: How Medications Can Help Me Live Better, Longer-----□**

- Now, let's review some of the things we talked about at our first session as well as last time. Please turn to page 16. Here you see some events or occasions that many people look forward to. Can you tell me what you see? *There are pictures of a 50<sup>th</sup> anniversary, a wedding, graduation, a baby, and a family reunion.*
- Go to page 3 in the Client Plan Book and look at what the client told you were some of their hopes for the future. Last time we talked, you told me that it was important for you to... read their long term goals from page 3. Since we talked, did you think of any other things that you're looking forward to doing in the future? Listen supportively.*

- *Encourage clients to think of other things they'd like to do in the future. Plans could include something they want to do in retirement, watching a grandchild grow up, attending a family reunion, etc.*
- *If needed, ask them about their loved ones, especially grandchildren or great grandchildren. Suggest something they may want to look forward to in the future, for example, see their great grandchild get married. If client mentions anything new, add to what you already wrote on page 3.*

- You learned a lot about how high blood pressure and high cholesterol affect the body, and how the medicines help to slow these changes down.
- Now that you've watched the videos on medicines for diabetes, blood pressure, and cholesterol, you know how these medicines are supposed to work for you. How do you think taking the medicines will let you... *[repeat their long-term goals]? Listen supportively.*
- If you stop your medication, in the long run, you'll have higher risks for complications like stroke, heart attack, dialysis, and amputation. Do you know anyone with any of these conditions? *Listen supportively.*
- Many people who have these complications can't live alone anymore. During our last session, we talked a little about people we know that lost their independence because of these complications.
- Since we talked, did you think of anyone else you know who can't live alone anymore because of stroke, heart problems, dialysis or amputation? *Encourage client to talk about another family member or acquaintance who lost their independence. If they don't know anyone else, repeat or share another personal story of someone you know who lost their independence. Relate this person's story to the client's own future plans. Ask how they would feel if this happened to them. Ask whether they'd like to avoid this if possible.*
- Independence is so important for us as we get older. A lot of people don't realize that taking these medicines for diabetes, high blood pressure, or cholesterol let us stay independent longer. Did you know that's what the medicines are for? *Listen supportively.*

- If you make sure you are on medicines that you can afford and that agree with you, and you take them every day, you'll increase your chances of being well for... *repeat their future goal*. You'll also be able to live independently for longer. What do you think about that?

- *If they are skeptical about the value of the medicines, talk about others like them whom you have helped. You may also want to discuss video clips of Black Belt residents talking about their medicines.*
- *Be supportive and don't criticize. Encourage them to see the value of medicine.*
- *If they don't want to, be supportive and move on.*

**Activity 2: How is My Blood Pressure? -----**

- OK, let's talk about your blood pressure. From your report card that you got at the start of the study, I see that your blood pressure was... *read out loud the blood pressure number from the client report card on page 2 in the Client Plan Book*.
- OK, if you don't mind, on page 16 of your Activity Book, write in your blood pressure numbers into the box. Do you see the box in the middle of the left-hand side of the page? First, write...*read out the first number*. Then, write...*read out the second number*.
- Can you tell me what these numbers mean? Is your blood pressure normal? Is it high? *Let the client answer. If needed, remind client that 120/80 is normal, less than 140/90 is the goal, and 140/90 or higher is high.*

*If the blood pressure is lower than 140/90, say:*

- Your blood pressure is in a great range. You'll want to keep an eye on it because it may go up at some point in the future as you get older. Now, let's stay on page 16 and talk about your cholesterol. **Go to ACTIVITY 3 on page 54 of your manual.**

*If the blood pressure is 140/90 or higher:*

- OK, so your blood pressure is high. Did you know that over half of people with high blood pressure don't have it under control? So you are not alone.
- If you and your doctor can get it under control, under 140/90, it will help you meet your goals and stay independent.
- Let's go over your blood pressure medicines and make sure you are not having problems. *Go to page 19 in the Client Plan Book to see if they're taking any medications for blood pressure.*

*If there are no blood pressure medicines listed, go to #1 on page 53 in your manual.*

*If there are blood pressure medicines listed, go over each medicine: how they're taking their medicine, whether they're experiencing side effects that are causing them to miss doses, and whether they're able to afford their medicine.*

- 1) *If they are making mistakes in how they are taking it, or they are missing doses because of side effects or cost, go to #2 on page 53 in your manual.*
- 2) *If they are taking it correctly and aren't missing doses because of side effects or cost, go to #3 on page 54 in your manual.*



**1) IF NOT TAKING ANY BLOOD PRESSURE MEDICINES:**

- It looks like you are not taking any medicines for blood pressure, and it's high. As you learned from the video, it's very common to get high blood pressure as we get older.
- Have you ever been told your pressure is high before? *If this is the first time the pressure is high, suggest they get it rechecked at the pharmacy over the next week. Check back at the next session.*

*If they have been told the pressure was high in the past, suggest they talk to the doctor about it. Go to page 20 in the Client Plan Book and help client come up with a plan on how to reach out to the doctor: who is calling the doctor, when they are calling, what the client will say, potential barrier for carrying out the plan, and how they will get around the barrier. Write down plan in the Client Plan Book and check back at the next session.*

*When finished, go to **ACTIVITY 3 on page 54 of your manual.***

**2) IF ON MEDICINES BUT NOT TAKING CORRECTLY:**

*If they are missing doses because of side effects or cost, be supportive and tell them this happens to a lot of people.*

*Go to page 20 in the Client Plan Book and help client come up with plan on how to reach out to the doctor: who is calling the doctor, when they are calling, what they will say, potential barrier to the plan, and how to get around the barrier. Write down the plan in the Client Plan Book and check back at the next session.*

*If they are not having issues with side effects or cost but still not taking it correctly, supportively correct any mistakes. Tell them a lot of people find this confusing.*

*Go to page 21 in the Client Plan Book and help client make a plan for how to take correctly. Ask client to get their blood pressure rechecked after about a week, possibly at the pharmacist or at the doctor's office with the nurse. Write down the plan in the Client Plan Book and check back at the next session.*

- OK, let's see how that goes. I look forward to hearing about whether the blood pressure is better now that you are taking it like the doctor prescribed.

*Note: here are some common mistakes:*

- ✓ *Twice daily means morning and evening (not 2 doses in the morning)*
- ✓ *Many people skip doses of water pills if they are going out. If they do this, make sure they take it when they come back – don't skip a whole day.*
- ✓ *Some people only take them every other day.*

*When finished, go to **ACTIVITY 3 on page 54 of your manual.***



### 3) IF ON MEDICINES AND THEY ARE TAKING CORRECTLY:

It looks like you are taking the medicines just like the doctor prescribed, but the medicine may not be enough. What would you like to do about your blood pressure to get it under control? *Listen to what they would like to do. If they don't know what to do, suggest they talk to the doctor. If they agree to talk to the doctor, go to page 22 in the Client Plan Book and help client come up with plan on how to reach out to the doctor. Decide:*

1. *Who is calling the doctor, and when*
2. *What the client will say to the doctor*
3. *Whether the client needs a friend or family member with them to make sure their questions get answered; if yes, then who*
4. *Possible barriers to the plan, and what client will do to go around barriers*

*Check back at the next session.*

*Note: About 1 in 5 people may need 4 or even 5 blood pressure medicines to get the blood pressure below 140/90, and some can't get it down below 140/90. However, if the blood pressure is a lot lower than it used to be, that means the medicine is helping a lot and they are lowering risks, so you can praise them for getting it down, even if it's not below 140/90.*

*When finished, go to ACTIVITY 3 on page 54 of your manual.*

### Activity 3: How is My Cholesterol? -----

- OK, let's make sure that your cholesterol is where it needs to be.
- From your report card that you got at the start of the study, I see that your LDL cholesterol, or the "bad" cholesterol, was... *read out loud the LDL cholesterol number from page 2 in the Client Plan Book.*
- OK, if you don't mind, on page 16 of your Activity Book, write in your cholesterol number into the box at the bottom left-hand corner of the page.
- Can you tell me what this number means? Is it OK or is it high? *Let the client answer. If needed, remind client that less than 100 is the goal, whereas 100 or higher is high.*

*If the LDL cholesterol is less than 100, say:*

- Your cholesterol is in a great range. Congratulations! Now, we can review your homework from last week. Please turn to page 13 in your Activity Book.

***Go to Review of Last Week's Homework on page 57 of your manual.***

*If the LDL cholesterol is 100 or higher:*

- OK, so your cholesterol is high. Did you know that most people with diabetes have high cholesterol? So, you are not alone.
- If you and your doctor can get it under control, which is under 100, it will help you meet your goals and stay independent as long as possible.
- Let's go over your cholesterol medicines and make sure you are not having any problems. *Go to page 23 in the Client Plan Book to see if they're taking any medications for cholesterol.*

*If there are no cholesterol medicines listed, go to #1 on page 55 in your manual.*

*If there are cholesterol medicines listed, go over each medicine: how they're taking their medicine, whether they're experiencing side effects that are causing them to miss doses, and whether they're able to afford their medicine.*

- 1) If they are making mistakes in how they are taking it, or they are missing doses because of side effects or cost, go to #2 on page 56 in your manual.*
- 2) If they are taking it correctly and aren't missing doses because of side effects or cost, go to #3 on page 56 in your manual.*

### **1) IF NOT TAKING ANY CHOLESTEROL MEDICINES:**

- It looks like you are not taking any medicines for cholesterol and it's high. As I already told you, it's very common for people with diabetes to have high cholesterol. The two sort of go hand in hand.
- Have you ever been told your cholesterol is high before? *Listen supportively.*

*Note: Some people may have tried a medicine and it didn't agree with them, or they could not afford it, or they just didn't feel like taking it.*

*If your client mentions any of these things, discuss what they learned about cholesterol on the video.*

*Tell them about others in the community just like them who used to feel the way they do, but who now take cholesterol medicine.*

*Remind them that most people feel normal when on cholesterol medicine.*

*If they seem open to it, suggest making a plan to reach out to their doctor. Go to page 24 in the Client Plan Book and help client come up with a plan: who is calling the doctor, when they are calling, what the client will say, potential barrier for carrying out the plan, and how they will get around the barrier. Write down the plan in the Client Plan Book and check back at the next session.*

*When finished, go to Review of Last Week's Homework on page 57 of your manual.*

## 2) ***IF ON MEDICINE BUT NOT TAKING CORRECTLY:***

*If they are missing doses because of side effects or cost, be supportive and tell them this happens to a lot of people.*

*Go to page 24 in the Client Plan Book and help client come up with plan on how to reach out to the doctor: who is calling the doctor, when they are calling, what they will say, potential barrier to the plan, and how to get around the barrier. Write down the plan in the Client Plan Book and check back at the next session.*

*If they are not having issues with side effects or cost but still not taking it correctly, supportively correct any mistakes. Tell them a lot of people find this confusing.*

*Go to page 25 in the Client Plan Book and help client make a plan for taking it correctly. Ask client to get cholesterol rechecked at the doctor's office after about a month. They can wait until their next regularly scheduled visit, which may not be for several months. Write down the plan and check back at the next session.*

- OK, let's see how that goes. I look forward to hearing about how it went and whether you got any side effects now that you will be taking the medicine every day like the doctor prescribed. If you do, we'll make a plan for how to handle that. How does that sound? *Let the client answer.*

*When finished, go to Review of Last Week's Homework on page 57 of your manual.*

## 3) ***IF ON MEDICINES AND THEY ARE TAKING CORRECTLY:***

- It looks like you are taking the medicines just like the doctor prescribed, but the medicine may not be enough. What would you like to do about your cholesterol to get it under control? *Listen to what they would like to do. If they don't know what to do, suggest they talk to the doctor. If they agree, go to page 26 in the Client Plan Book and help client come up with plan on how to reach out to the doctor. Decide:*

- 1. Who is calling the doctor, and when*
- 2. What the client will say to the doctor*
- 3. Whether the client needs a friend or family member with them to make sure their questions get answered; if yes, then decide who will call with them.*
- 4. Possible barriers to the plan, and what client will do to go around barriers*

*Check back at the next session.*

*Note: About 1 in 5 people may get muscle cramps on statin medicines. This can be controlled by reducing the dose, or taking it every other day. The doctor may suggest one of these strategies.*

*When finished, go to Review of Last Week's Homework on page 57 of your manual.*

**Review of Last Week's Homework** -----□

- OK, now let's go over your homework from last week.
- Can you turn to page 13 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*

<i>Client has not done homework for 2 sessions in row</i>	<i>2. Community coordinator calls back with next steps:</i>
<p><i>1. Community coordinator notified (note date / time):</i></p> <p>_____</p> <p style="text-align: center;"><i>date</i>                      <i>time</i></p>	    

**Homework #1: Medications**

- OK, let's start with your medicines, beginning with Day 1.
- Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- *For each day, check "Yes" or "No."*
- *For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes."*
- *If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.*
  - *Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.*
  - *Write down what happened in the box below.*

*Notes:*

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, I'd like to follow up on the plan that we made last week to help you get the most out of your diabetes medications by taking them every day.

- Last week, the issue you wanted to work on was... [*go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last week*].
- To overcome this issue, you decided to... [*read out loud the medication-taking plan from last week*].
- You thought that it might be hard for you to carry out this plan, because... [*read potential barriers*].
- To go around the problem, you decided to... [*read how client decided to go around potential barriers*].
- Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

Notes:

- OK, so what would you like to do over the next week to help you get the most out of your medications?

- ***If their plan worked and last week's issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don't want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked "Very Often" (or "Often" if there are no "Very Often" statements to address, and "Sometimes" if there are no "Often" statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you'll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make it a SMART goal.*
- ***Record this week's strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week's strategy on the page, "Plan for Diabetes Medication Side Effects and/or Cost," in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week's strategy on the page, "Plan for Other Diabetes Medication Barriers," in the Client Plan Book.*



- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let's review that. It looks like you'll... *repeat the medications goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- I look forward to hearing how this plan worked when we talk next time!

**Homework #2: Healthy Eating**

- OK, now, let's go over what happened with your healthy eating.
- So, were you able to eat healthy on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Let's review what you wanted to do to eat healthier. Last week, you decided to... *[go to Client Plan Book and read the healthy eating goal that they chose to work on last week].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, how did it go? *If they were able to meet their goal, praise them profusely! However, if things did not go as planned, provide encouragement and tell them that you'll come up with new strategies together, if new plans are needed.*



OK, what would you like to do this week in terms of healthy eating?

- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 9 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Be supportive, but do remind your client that you’ll revisit the goal next week to see how it went this time.*

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

### **Homework #3: Physical Activity**

OK, now, let’s go over how you did with exercise.

How much exercise were you able to get on Day 1? *For each day, write number of minutes under the exercise column.*

Great! Now, Let’s review what you wanted to do to get more exercise. Last week, you decided to... *[go to Client Plan Book and read the exercise goal that they chose to work on last week].*

You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*

To go around the problem, you decided to... *[read how client decided to go around potential barriers].*

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- Now, how did it go? *If they were able to meet their goal, praise them profusely! However, if things did not go as planned, provide encouragement and tell them that you'll come up with new strategies together, if new plans are needed.*
- Thanks for sharing that with me! We know that the recommendation is to get 30 minutes or more exercise at least 5 days each week, but we need to build up to that gradually.
- OK, what would you like to do this week in terms of physical activity?

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Write the goal for this week in the space provided in the Client Plan Book.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let's review that. It looks like you'll... *repeat the type of exercise, how many minutes on which days, when and where they'll do it, and with whom, if they plan to exercise with another person. Then, review potential barriers and how client will go around those barriers. Let the client confirm.*
- Great, I look forward to hearing how this plan worked when we talk next time!

***This Week's Homework*** -----

- You are doing so much to maintain your health – it's really great!
- Now, let's keep up the momentum and let's go over your homework for the coming week. Please turn to page 16 in your Activity Book.
- This week, we'll again have homework for each leg of the 3-legged stool.
- You're going to continue keeping track of how you're doing with your diabetes medication. So, every day, under the column with the picture of a pill bottle, you're going to mark "Yes" if you took all of your diabetes medication that day. If you weren't able to take all of your diabetes medication, then you're going to mark "No" for that day.
- Remember to be honest. I can't help you if I don't know where you need help.

- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- You're also going to mark down whether you kept to your healthy eating goal on the days that we discussed. Your plan is to... *repeat the healthy eating goal from today written in the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating goal as we discussed.
- The goal is to eat healthy every day, so if you are able to follow your healthy eating goal every day, mark "Yes" on each day.
- You're going to monitor the number of minutes of exercise every day. You decided that you would try ...*Repeat the exercise goal from today written in the Client Plan Book.*
- So, under the column with a picture of a person walking, you're going to write down the number of minutes of exercise you were able to do on the days we discussed.
- If you are doing well with your goal and were able to exercise on the other days, mark "Yes" on those days, too.
- Finally, you'll watch the DVD on Stress and Your Health, which we'll talk about next time.
- Do you have any questions about what to do? *Make sure client knows what to do.*
- Remember, although it's not homework, we'll also talk about your blood pressure and cholesterol to make sure you're doing everything you can to keep those numbers in control.
- OK, when would you like to talk next week?

- *Try to make this date as close to 7 days from now as possible.*
- *Allow at least 7 days between sessions, but no more than 10 days.*

***Next appointment date and time:***

- OK, please write down the date and time in your Activity Book at the bottom of page 16.
- I look forward to speaking next week and hearing how things went!

✓ Session 5 completed	_____ / _____ / _____ <i>month            day            year</i>	_____ / _____ <i>start time        end time</i>	_____ <i>peer initials</i>
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## Week 6, Session 6: “Stress and Your Health”

**Session Goals:**

- *Brief review of last week’s session*
- *Review DVD: Stress and Your Health*
- *Learn stress reduction techniques*
- *Review homework*

**Before Calling the Client** -----

- *Review last week’s assignment and the barriers and strategies to overcome them.*
- *Once you’ve reviewed this, place the call.*

**Reminder!!**

- *Cover and check off all of the session content.*
- *Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.*

<b>Call Log</b>			
	Dates	Times	Notes
Attempt 1			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8			<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
<p>1. Community coordinator notified (note date / time):</p> <p>_____</p> <p style="text-align: center;"><i>date</i>                      <i>time</i></p>	<p>2. Community coordinator calls back with Next Steps:</p>

**Greeting** -----□

- Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*
- Please turn to page 17. Today, we'll review what we learned last week, review the DVD, and learn more about stress and your health, including some specific strategies you can take to reduce stress.
- We'll also review your homework and what you learned on the DVD, and we'll get new homework for two weeks.
- I will give you a quick call next week, just to check in and see how you're doing, but it won't be a full session. We will talk more in two weeks.
- OK, let's get started. Can I ask if you've watched the DVD?

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

*If they did not watch the DVD, tell them to watch it now, and you'll call back in a half hour.*

**Review Last Week's Session** -----□

- OK, let's review what we learned last time. Please stay on page 17.
- We talked about the importance of keeping our blood pressure and cholesterol under control. Can you remember some complications that can happen from having high blood pressure?  
*Let client answer. If needed, remind client that high blood pressure can cause complications like stroke, heart attack, dialysis, and blindness.*
- And can you remember some complications of high cholesterol? *Let client answer. If needed, remind client that high cholesterol can cause heart attacks and strokes.*
- This is why it's so important for us to keep both of these things under control. Can you remind me what is our goal for blood pressure? *Let client answer. If needed, remind client that our goal is to be below 140/90. What about a normal blood pressure, do you remember what that number was? 120/80 is a normal blood pressure.*
- And can you remind me what is our goal for LDL, or "bad," cholesterol? *Let client answer. If needed, remind client that our goal is to be below 100.*
- Now, for blood pressure, we learned that there are many different medications available to treat high blood pressure. This is why it can take some time to find the right one for you.
- For cholesterol, on the other hand, there is one main type of medication, the "statins."
- As with diabetes medicines, there may be some side effects with blood pressure and cholesterol medicines. However, you and your doctor should be able to find a medication that works to control your blood pressure and cholesterol and that lets you feel well. Remember, don't just stop – talk to your doc!
- We also checked on how you were doing with your diabetes medicines and with healthy eating and exercise. In the past few weeks, you have been working on all 3 legs of the stool.
- Does that sound right? *Let client answer. Did you have any questions? Let client answer.*



**Review DVD: Stress and Your Health** -----□

- Great! Let's move on and talk about the DVD you watched this week. How did you like it?  
*Let the client answer and listen supportively.*
- Let's review some of the things we saw on the DVD. Please turn to page 18. *Let the client get to the page.*
- The video talked about how being stressed over long periods of time, or having chronic stress, can cause problems for our health.
- People experiencing chronic stress can experience upset stomach, irritability, bad mood, or fatigue. Chronic stress can worsen arthritis symptoms, cause weight gain or loss, or cause you to have trouble sleeping or concentrating.
- It can even increase your chances of getting some health conditions. Do you remember what those were? *Answer: high blood pressure and heart disease.*
- We learned several tips for managing stress in a healthy way. Please stay on page 18.
- First, it's important to recognize when we're stressed. Becoming aware of how stress makes us feel physically and emotionally is an important step towards dealing with stress in a healthy way. How does stress make you feel? *Listen supportively.*
- Second, it's important to identify the sources of stress in our lives. If we're aware of the things and situations that cause us to feel stressed, then we can prepare ourselves ahead of time to deal with the stressful situation. What are some of the things in your life that make you feel stressed? *Listen supportively.*
- Third, know what helps you relax. Some things that relax you are not so healthy, like smoking, or overeating. These things cause even more health problems in the long run.
- So it's important to have healthy ways of dealing with stress so that you can live as well as you can, as long as you can.
- The video mentioned some healthy strategies to relax. Can you remember any of the strategies? *Let client answer. If needed, remind client that being physically active and practicing deep breathing are two great ways to relax. Other talking points:*
  - *Exercising decreases the level of stress hormones in your body so that you feel less stressed and anxious, improving your mood and allowing you to sleep better.*
  - *In addition to exercise and deep breathing, other helpful things might include: calling a friend or a loved one; taking a long, relaxing bath; working in your garden; reading a good book; listening to music; or prayer.*
- We're going to practice one of these strategies together next. Before we do that, did you have any questions so far? *Let client answer.*

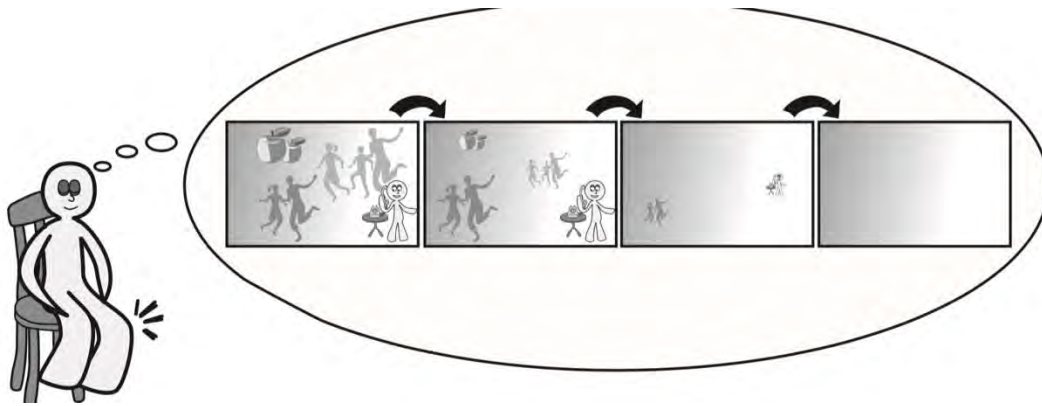


**Activity 1: Deep Breathing Stress Reduction Technique** -----□

- OK, please stay on page 18 in your Activity Book. Let's practice together the deep breathing exercise that you saw on the DVD.
- This exercise can remove a lot of the stress from our bodies, and you can do it just about anywhere.
- OK, the first step is to get comfortable. Are you comfortable?
- OK, take some deep and very slow breaths. In...and out...and in...and out.
- Now, let's start from the top and work our way down. We're going to relax every muscle in our bodies. Remember to breathe deeply and slowly throughout.
- Let's focus on the neck muscles, which are often very tense when we are stressed, and we don't even know it. Focus on relaxing them.
- Now the upper back...the shoulders...the arms...the chest and stomach.
- Concentrate on relaxing your back...your thighs...your legs.
- We're continuing to breathe deeply...and slowly.
- Now, we're going to relax our brain.
- Our brain is part of our body, and it is working all the time, especially when we are stressed.
- Now, we're going to relax our brain, breathing deeply...and slowly.
- Many people have never relaxed their brains. Let's begin by focusing on our senses.
- First, let's relax and not have any thoughts in response to what I'm saying.
- Breathing in...and out...deeply...and slowly.
- Now, do not let your brain respond to anything that I'm saying. Don't have any thoughts in response to what I'm saying.
- Try to let the sound and the words flow right over you. You hear them, but don't react to them. Just breathe deeply...and slowly.
- Now, concentrate on your thoughts. Become aware of your thoughts, and then just let them flow up...and out...and away. Just like a water fountain...a beautiful water fountain in the sunshine.
- Every new thought that comes, think of it like a sparkling drop of water, floating up...and out...and away from you.
- Don't react to it...don't respond to it...it is a new thought that flows away.
- Breathe in...and out...deeply...and slowly.



- Think of a big movie screen that's blank and white.



- Think of your thoughts being images on the movie screen, and as soon as the image is there, you let it flow away, disappearing and leaving the screen blank again.
- Let your mind become blank and white as fewer and fewer new thoughts come, letting each of them barely come onto the movie screen before they begin to disappear again.
- All the time breathing in...and out...deeply...and slowly.
- OK, that was great! I feel really relaxed! How do you feel?

- *Share that you feel great when you do this exercise.*
- *Emphasize how good it feels to be rid of stress.*
- *Talk about how often we have a lot of stress, and we don't even know it.*

- The great thing about this breathing exercise is that you can do it anywhere. If you feel stressed at work, you can do this at your desk, or go to the restroom if you really need to get away. If the grandkids are really getting to you, go in the kitchen away from them and practice deep breathing.

### ***Review of Last Week's Homework*** -----

- OK, now let's go over your homework from last week and talk about your homework for the next two weeks. Like I mentioned earlier, we won't be having a full session for two weeks, but you'll continue working on your homework, just like you've been doing.
- Over these two weeks, it will be a great time to start thinking about how you will carry on after this program is finished.
- You've been focusing on your health and living in a way that will keep you healthy.
- You've learned about the importance of the three-legged stool: eating healthy, being physically active, and taking your medications as prescribed by the doctor.
- You've also been setting goals for yourself so that you can tend to all three legs of the stool, and you've been keeping track of your progress between our sessions.

- You also took small steps forward, week to week, so that you can continue to live even more healthy and do the things that are important to you.
- Now, we won't be talking for two weeks. So, if you've been able to carry out your plan successfully during the upcoming week, you can consider taking another small step forward on your own during the second week.
- For example, you could add another 5 minutes to your exercise plan.
- You also could add another step towards healthy eating on top of those steps that you've already taken. You can go back to page 6 in your Activity Book to see your healthy eating goals that we discussed a few weeks back.
- Now, let's discuss how you did on your homework last week. Can you turn to page 16 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*

<i>Client has not done homework for 2 sessions in row</i>	<i>2. Community coordinator calls back with next steps:</i>
<i>1. Community coordinator notified (note date / time):</i>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"><i>date</i></div> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"><i>time</i></div> </div>	


**Homework #1: Medications**

- OK, let's start with your medicines, beginning with Day 1.
- Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, I'd like to follow up on the plan that we made last week to help you get the most out of your diabetes medications by taking them every day.
- Last week, the issue you wanted to work on was... [go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last week].
- To overcome this issue, you decided to... [read out loud the medication-taking plan from last week].
  - You thought that it might be hard for you to carry out this plan, because... [read potential barriers].
  - To go around the problem, you decided to... [read how client decided to go around potential barriers].
- Now, how did it go? Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.

Notes:

OK, so what would you like to do over the next week to help you get the most out of your medications?


- ***If their plan worked and last week's issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don't want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked "Very Often" (or "Often" if there are no "Very Often" statements to address, and "Sometimes" if there are no "Often" statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:  
"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you'll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make it a SMART goal.*
- ***Record this week's strategy in the Client Plan Book.***
  - *If the strategy addresses side effects and/or cost, record this week's strategy on the page, "Plan for Diabetes Medication Side Effects and/or Cost," in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week's strategy on the page, "Plan for Other Diabetes Medication Barriers," in the Client Plan Book.*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let's review that. It looks like you'll... *repeat the medications goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- I look forward to hearing how this plan worked when we talk next time!



## Homework #2: Healthy Eating

- OK, now, let's go over what happened with your healthy eating.
- So, were you able to eat healthy on Day 1? *For each day, check "yes" or "no" in the Healthy Eating column.*
- Great! Now, I'd like to talk about the plan that we made last week to help you eat healthy every day. Last week, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last week].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, how did it go? *If they were able to meet their goal, praise them profusely! However, if things did not go as planned, provide encouragement and tell them that you'll come up with new strategies together, if new plans are needed.*
- OK, what would you like to do this week in terms of healthy eating?

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No


- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so now you'd like to add another healthy eating goal. So, this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Be supportive, but do remind your client that you'll revisit the goal next week to see how it went this time.*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- Great, I look forward to hearing how this plan worked when we talk next time!



### Homework #3: Physical Activity

- OK, now, let's go over how you did with exercise.
- How much exercise were you able to get on Day 1? *For each day, write number of minutes under the exercise column.*
- OK, now, let's review the plan that we made last week to help you eat be more physically active. Last week, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last week].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, how did it go? *If they were able to meet their goal, praise them profusely! However, if things did not go as planned, provide encouragement and tell them that you'll come up with new strategies together, if new plans are needed.*
- Thanks for sharing that with me! We know that the recommendation is to get 30 minutes or more exercise at least 5 days each week, but we need to build up to that gradually.
- OK, what would you like to do this week in terms of healthy eating?

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		<i>minutes</i>
<b>Day 2</b>		<i>minutes</i>
<b>Day 3</b>		<i>minutes</i>
<b>Day 4</b>		<i>minutes</i>
<b>Day 5</b>		<i>minutes</i>
<b>Day 6</b>		<i>minutes</i>
<b>Day 7</b>		<i>minutes</i>

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Write the goal for this week in the space provided in the Client Plan Book.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- Great, I look forward to hearing how this plan worked when we talk next time!

*If your client had high blood pressure and you set a goal last week:*

- Go to **Homework #4: High Blood Pressure Plan** on page 74 in your manual and follow the script for your client's situation.
- Once you're finished, go to **This Week's Homework** on page 78.

*If your client had high cholesterol and you set a goal last week:*

- Go to **Homework #5: High Cholesterol Plan** on page 76 in your manual and follow the script for your client's situation.
- Once you're finished, go to **This Week's Homework** on page 78.

*If your client had high blood pressure and high cholesterol and you set goals last week:*

- Go to **Homework #4: High Blood Pressure Plan** on page 74 in your manual and follow the script for your client's situation.
- Then, go to **Homework #5: High Cholesterol Plan** on page 76 in your manual and follow the script for your client's situation.
- Once you're finished, go to **This Week's Homework** on page 78.

*If your client's blood pressure and cholesterol were under control and you didn't set goals last week, then go to **This Week's Homework** on page 78 in your manual.*

**Homework #4: High Blood Pressure Plan (only if client is on medicine for high blood pressure or should talk to doctor about starting treatment)**

- OK, let's discuss the plan we made last week for your high blood pressure.
- Last week, you wanted to... [go to Client Plan Book and read out loud the blood pressure plan that they chose to work on last week].
- Now, how did it go?

- ***If they were not on blood pressure medication and were not able to talk with doctor about starting medication:***
  - *Be encouraging and help them set a new plan for reaching out to the doctor. Write the new plan in the Client Plan Book and let client know you'll check back with them.*
- ***If they were not on blood pressure medication and were able to talk with doctor about starting medication:***
  - *Ask how it went and what the client and the doctor decided to do.*
  - *If client has decided to take blood pressure medication, be supportive and ask them if they have any questions about their new medication. Tell client you'll check back to see how they're doing.*
  - *If client has decided not to take blood pressure medication, be supportive, but encourage them to talk again with their doctor if their blood pressure is still high at their next appointment. Remind them that medications for high blood pressure can help them live longer and stay independent by helping to lower risk for serious health problems like stroke, heart attack, dialysis, or blindness.*

Notes:

- ***If there were issues with side effects or cost, but not able to talk with the doctor:***
  - *Be encouraging and help them set a new plan for reaching out to the doctor. Write the new plan in the Client Plan Book and let client know you'll check back with them.*
- ***If there were issues with side effects or cost and were able to talk with the doctor:***
  - *Praise them! Ask how it went and what the client and the doctor decided to do. Tell client you'll check back to see how they're doing with this the next time you talk.*

Notes:

**Homework #4: High Blood Pressure Plan (Continued – page 2)**

- ***If there were issues other than side effects or cost, and their plan to overcome the problem did not work:***
  - *Be encouraging and help them set a new plan for overcoming the problem. Write the new plan in the Client Plan Book and let client know you'll check back with them.*
- ***If there were issues other than side effects or cost, and their plan to overcome the problem worked:***
  - *Praise them! Ask them if they got their blood pressure rechecked. If not, encourage them to do so.*
  - *Make sure they aren't having any other problems with taking their blood pressure medication, and tell client you'll check back with them to see how they're doing.*

Notes:

- ***If they were not able to talk with the doctor about having high blood pressure even though they were taking their medication correctly:***
  - *Be encouraging and help them set a new plan for reaching out to the doctor. Write the new plan in the Client Plan Book and let client know you'll check back with them.*
- ***If they were able to talk with the doctor about having high blood pressure even though they were taking their medication correctly:***
  - *Praise them! Ask how it went and what the client and the doctor decided to do. Tell client you'll check back to see how they're doing with this the next time you talk.*

Notes:

**Homework #5: High Cholesterol Plan (only if client is on cholesterol medicine or should talk to doctor about starting treatment)**

- OK, let's discuss the plan we made last week for your high cholesterol.
- Last week, you wanted to... [go to Client Plan Book and read out loud the cholesterol plan that they chose to work on last week].
- Now, how did it go?

- **If they were not on cholesterol medication and were not able to talk with doctor about starting medication:**
  - Be encouraging and help them set a new plan for reaching out to the doctor. Write the new plan in the Client Plan Book and let client know you'll check back with them.
- **If they were not on cholesterol medication and were able to talk with doctor about starting medication:**
  - Ask how it went and what the client and the doctor decided to do.
  - If client has decided to take cholesterol medication, be supportive and ask them if they have any questions about their new medication. Tell client you'll check back to see how they're doing.
  - If client has decided not to take cholesterol medication, be supportive, but encourage them to talk again with their doctor if their LDL cholesterol is still high at their next appointment. Remind them that medications for high cholesterol can help them live longer and stay independent by helping to lower risk for serious health problems like stroke and heart attack.

Notes:

- **If there were issues with side effects or cost, but not able to talk with the doctor:**
  - Be encouraging and help them set a new plan for reaching out to the doctor. Write the new plan in the Client Plan Book and let client know you'll check back with them.
- **If there were issues with side effects or cost and were able to talk with the doctor:**
  - Praise them! Ask how it went and what the client and the doctor decided to do. Tell client you'll check back to see how they're doing with this the next time you talk.

Notes:

### Homework #4: High Cholesterol Plan (Continued – page 2)

- ***If there were issues other than side effects or cost, and their plan to overcome the problem did not work:***
  - *Be encouraging and help them set a new plan for overcoming the problem. Write the new plan in the Client Plan Book and let client know you'll check back with them.*
- ***If there were issues other than side effects or cost, and their plan to overcome the problem worked:***
  - *Praise them! Ask them to get their LDL cholesterol rechecked after a month, if possible. They can wait until their next regularly scheduled appointment.*
  - *Make sure they aren't having any other problems with taking their cholesterol medication, and tell client you'll check back with them to see how they're doing.*

Notes:

- ***If they were not able to talk with the doctor about having high cholesterol even though they were taking their medication correctly:***
  - *Be encouraging and help them set a new plan for reaching out to the doctor. Write the new plan in the Client Plan Book and let client know you'll check back with them.*
- ***If they were able to talk with the doctor about having high cholesterol even though they were taking their medication correctly:***
  - *Praise them! Ask how it went and what the client and the doctor decided to do. Tell client you'll check back to see how they're doing with this the next time you talk.*

Notes:



### ***This Week's Homework*** -----□

- Now, let's go over your homework for the next two weeks. Please turn to page 19 in your Activity Book.
- For the next two weeks, you'll continue our homework for each leg of the 3-legged stool.
- You're going to continue keeping track of how you're doing with your diabetes medication. So, every day, under the column with the picture of a pill bottle, you're going to mark "Yes" if you took all of your diabetes medication that day. If you weren't able to take all of your diabetes medication, then you're going to mark "No" for that day.
- Remember to be honest. I can't help you if I don't know where you need help.
- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- You're also going to mark down whether you kept to your healthy eating goal on the days that we discussed. Your plan is to... *repeat the healthy eating goal from today written in the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating goal on the days we discussed.
- The goal is to eat healthy every day, so if you are able to follow your healthy eating goal on the other days, mark "Yes" on those days, too.
- Remember, if you do well with your goal this week, you could add another step towards healthy eating. You can go back to page 6 in your Activity Book to see your healthy eating goals and see if you would like to work on another goal for the second week.
- You're going to monitor the number of minutes of exercise every day. You decided that you would try ...*Repeat the exercise goal from today written in the Client Plan Book.*
- So, under the column with a picture of a person walking, you're going to write down the number of minutes of exercise you were able to do on the days we discussed.
- If you are doing well with your goal and were able to exercise on the other days, mark "Yes" on those days, too.
- Remember, if you do well with your goal this week, you could also add another step towards being physically active. For example, you could add another 5 minutes to your exercise plan during the second week.
- Do you have any questions about what to do? *Make sure client knows what to do.*
- Now, remember, we're not going to have a full session for two weeks, but I am going to give you a quick call next week, just to check in and see how you're doing.

OK, when would you like to talk next week? How about in 2 weeks?

- *Try to make the dates as close to 7 and 14 days from now as possible.*
- *Allow at least 7 days between sessions, but no more than 10 days.*

***Next appointment date and time in 1 week:***

***Next appointment date and time in 2 weeks:***

- OK, please write down the dates and times in your Activity Book at the bottom of page 19.
- I look forward to speaking next week briefly, and then longer in 2 weeks. I look forward to hearing how things went!

✓ Session 6  
completed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*month day year*

\_\_\_\_\_/\_\_\_\_\_  
*start time end time*

\_\_\_\_\_  
*peer initials*

**Week 7, Check-In Session 1 (One Week After Session 6)**

**Session Goals:**

- Brief encouragement to client
- Brief troubleshooting if client is having difficulty with any of the homework
- Brief reminder to client about upcoming Session 7 in one week

**Before Calling the Client** -----

- Review last session’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

<b>Call Log</b>		
<b>Dates</b>	<b>Times</b>	<b>Notes</b>
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <div style="border-bottom: 1px solid black; height: 40px;"></div>

**Check In** ----- □

- So, it's been about a week since we talked.
- I know that we're not supposed to have a full session until next week, but I just wanted to give you a quick call to see how you were doing.
- How are you? Has everything been going okay with you since we talked? *Listen supportively.*
- And how has it been going with your homework?

*Say hello and make sure the client is still okay with speaking for about ten minutes today.*

- *If client has been doing well:*
  - *Provide lots of praise, and encourage them to keep it up during the upcoming week.*
- *If client has been struggling:*
  - *Quickly review their goal from last session*
  - *Encourage client to think about what they can do to troubleshoot. Try to encourage client to come up with a solution themselves (we are working to build their confidence to overcome difficulties and set goals for themselves).*

*Notes:*

**Remind Client of Next Session** ----- □

- Now, we'll have a full session [*repeat the date and time for Session 7 from page 79 in your manual*].
- Between now and when we talk again, you are going to continue doing your homework, just like you did in the past week.
- You'll keep track of your progress on page 19 of your Activity Book, just like you've been doing. Do you have any questions? *Make sure client understands what to do.*
- All right, then! I look forward to hearing how things went when we talk next week!

<input checked="" type="checkbox"/> Check In completed	_____ / _____ / _____ <i>month            day            year</i>	_____ / _____ <i>start time        end time</i>	_____ <i>peer initials</i>
--------------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------------	-------------------------------

**Week 8, Session 7: “Practice and Planning for the Future – Part 1”**

**Session Goals:**

- Brief review of previous session
- Review homework
- Discuss what client has learned and how activities have helped
- Help client identify a Health Buddy

**Before Calling the Client** -----

- Review last session’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

<b>Call Log</b>		
<b>Dates</b>	<b>Times</b>	<b>Notes</b>
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <hr style="width: 20%; margin-left: 0;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:



**Greeting** -----□

- Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*
- Please turn to page 20. Today, we'll review what we learned during our last session, and then we'll talk about how your homework went.
- After today's session, our next full session will be in four weeks.
- So, today, we'll talk about what you'll be doing for homework for the next four weeks.
- Now, I will give you a quick call in two weeks, just to check in and see how you're doing, but it won't be a full session. Like I said, we'll talk more in four weeks.
- Do you have any questions? *Let client ask questions.* Great, let's get started!

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

**Review Last Session** -----□

- First, let's review what we learned last time. Please stay on page 20.
- We talked about the importance of managing stress. Can you remember some of the things that people feel if they are stressed over long periods of time? *Let client answer. If needed, remind client that people with chronic stress can have upset stomach, irritability, bad mood, or fatigue. Chronic stress can worsen arthritis symptoms, cause weight gain or loss, or cause people to have trouble sleeping or concentrating.*
- And having chronic stress can even increase your chances of getting some health conditions. Can you remember what they were? *Let client answer. If needed, remind client that chronic stress can increase your chances of developing high blood pressure and heart disease.*
- Because it's so important for us to manage our stress in a healthy way, the video gave us several tips for doing this. Can you remember what some of those tips were? *Let client answer. If needed, remind client of these tips: 1) recognize when we're stressed and how we feel, physically and emotionally, when we're stressed; 2) identify the sources of stress in our lives so that we can prepare ourselves ahead of time; and 3) know what healthy things we can do to help us relax and reduce our stress.*
- We talked about some healthy things that people can do to relax, such as being physically active, practicing deep breathing, and calling a friend. We also practiced deep breathing together over the telephone.
- Were you able to try any of these things the last two weeks to help manage your stress? *Let client answer. If yes, praise client and ask them how it went. If no, share with client how these things have helped you, and encourage client to give them a try before the next call.*
- We also checked on how you were doing with your diabetes medicines and with healthy eating and exercise. In the past few weeks, you have been working on all 3 legs of the stool.
- Does that sound right? *Let client answer.* Did you have any questions? *Let client answer.*

**Review Homework For Last Two Weeks** -----□

- OK, now let’s go over your homework from the past two weeks and talk about your homework for the next four weeks.
- Like I mentioned earlier, we won’t be having a full session for four weeks, but you’ll continue working on your homework, just like you’ve been doing.
- These four weeks will be a great way to see how you are able to do your homework on your own and make a plan for how you can carry on after the program is finished.
- In a few minutes, we’ll talk about some things that will help you continue doing the great work you’ve been doing to take care of yourself.
- But first, let’s discuss how you did on your homework during the past two weeks. Can you turn to page 19 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*

<b>Client has not done homework for 2 sessions in row</b>	<b>2. Community coordinator calls back with next steps:</b>
<b>1. Community coordinator notified (note date / time):</b>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	


**Homework #1: Medications**

- OK, let's start with your medicines and how you did with them that first week.
- Let's start with Day 1. Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, let's talk about how you did with your medicines during the second week. On Day 1 of the second week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If your client 1) took their diabetes medication every day as directed in the past two weeks and 2) has successfully overcome all of the diabetes medication barriers identified at the beginning of the program:*

- *Praise profusely! Tell them to keep up the great work by continuing to take their medications every day as directed.*
- *Then, go to **page 88** and continue with **Homework #2, Healthy Eating**.*

*If your client was not able to take their diabetes medication every day as directed in the past two weeks:*

- *Stay on **page 86** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

*If your client took their diabetes medication every day as directed in the past two weeks, but still has diabetes medication barriers that haven't been addressed:*

- *Check page 8 in the Client Plan Book and see what issues are remaining. Then, remind client about these remaining issues and ask which one they would like to work on next.*
- *Go to **page 87** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

- Now, I'd like to follow up on the plan that we made at our last session to help you get the most out of your diabetes medications by taking them every day.
- Last time we talked, the issue you wanted to work on was... [*go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last time*].
- To overcome this issue, you decided to... [*read out loud the medication-taking plan from last time*].
  - You thought that it might be hard for you to carry out this plan, because... [*read potential barriers*].
  - To go around the problem, you decided to... [*read how client decided to go around potential barriers*].
- Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

*Notes:*

OK, so what would you like to do over the next four weeks to help you get the most out of your medications?

- ***If their plan worked and last session’s issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don’t want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked “Very Often” (or “Often” if there are no “Very Often” statements to address, and “Sometimes” if there are no “Often” statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:  
“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you’ll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make sure it is a SMART goal.*
- ***Record this week’s strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week’s strategy on the page, “Plan for Diabetes Medication Side Effects and/or Cost,” in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week’s strategy on the page, “Client Plan for Other Diabetes Medication Barriers,” in the Plan Book.*

- OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let’s review that. It looks like you’ll... *repeat the new medication goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- This is a great plan! I look forward to hearing how this plan worked when we talk next time!



**Homework #2: Healthy Eating**

OK, let's talk about how your healthy eating went during the first week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 1**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, during the second week, were you able to take another step to eat healthier?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 1<sup>st</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*Notes and new healthy eating goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the second week. How did it go on Day 1 of the second week? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, the last time we made a plan to help you eat healthy every day, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last time].*

**Week 2**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*

To go around the problem, you decided to... *[read how client decided to go around potential barriers].*

Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*

During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*



OK, what would you like to do this week in terms of healthy eating?

- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Be supportive, but do remind your client that you’ll revisit the goal next week to see how it went this time.*

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

### ***Homework #3: Physical Activity***

OK, now, let’s talk about how your exercise went during the first week. How did it go on Day 1? *For each day, write number of minutes under the exercise column.*

<b>Week 1</b>	
	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	<i>minutes</i>
<b>Day 2</b>	<i>minutes</i>
<b>Day 3</b>	<i>minutes</i>
<b>Day 4</b>	<i>minutes</i>
<b>Day 5</b>	<i>minutes</i>
<b>Day 6</b>	<i>minutes</i>
<b>Day 7</b>	<i>minutes</i>

- Great! Now, during the second week, were you able to take another step to become more physically active?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 1<sup>st</sup> week*
  - *Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - *Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

- OK, let's take a look at how you did with exercise during the second week. How did it go on Day 1 of the second week? *For each day, write number of minutes under the Exercise column.*

Week 2	
	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	minutes
<b>Day 2</b>	minutes
<b>Day 3</b>	minutes
<b>Day 4</b>	minutes
<b>Day 5</b>	minutes
<b>Day 6</b>	minutes
<b>Day 7</b>	minutes

- Great! Now, the last time we made a plan to help you exercise every day, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last time].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*
- During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*

OK, what would you like to do this week in terms of exercise?

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Write the goal for this week in the space provided in the Client Plan Book.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

*If your client had high blood pressure and you set a goal during Session 6:*

- *Go to **Homework #4: High Blood Pressure Plan** on page 92 in your manual.*
- *Once you're finished, continue with the session on page 93.*

*If your client had high cholesterol and you set a goal last week:*

- *Go to **Homework #5: High Cholesterol Plan** on page 92 in your manual.*
- *Once you're finished, continue with the session on page 93.*

*If your client had high blood pressure and high cholesterol and you set goals last week:*

- *Go to **Homework #4: High Blood Pressure Plan** on page 92 in your manual.*
- *Then, continue on to **Homework #5: High Cholesterol Plan** on the same page.*
- *Once you're finished, continue with the session on page 93.*

*If your client's blood pressure and cholesterol were under control and you didn't set goals last week, then go to **Activity 1 on page 93** in your manual.*

**Homework #4: High Blood Pressure Plan (only if client is on medicine for high blood pressure or should have talked to doctor about starting treatment)**

- OK, let's discuss the plan we made last time for your high blood pressure.
- Last time, you wanted to... *[go to Client Plan Book and read out loud the blood pressure plan that they chose to work on last session].*
- Now, how did it go?

- *Listen supportively and praise client's effort in the past week.*
- *Encourage client to continue working with their doctor to control their blood pressure.*
- *If they are taking medication for their blood pressure, tell them that the strategies they have used to take their diabetes medication can also help them take their blood pressure medication.*
- *If needed, remind client that controlling blood pressure is important for reducing their chances of developing serious illnesses such as heart attack, stroke, dialysis, and blindness. Medications can help them live longer and stay independent by lowering their risk for such health problems.*

Notes:

**Homework #5: High Cholesterol Plan (only if client is on medicine for high cholesterol or should have talked to doctor about starting treatment)**

- OK, let's discuss the plan we made last time for your high cholesterol.
- Last time, you wanted to... *[go to Client Plan Book and read out loud the cholesterol plan that they chose to work on last session].*
- Now, how did it go?

- *Listen supportively and praise client's effort in the past week.*
- *Encourage client to continue working with their doctor to control their cholesterol.*
- *If they are taking medication for their cholesterol, tell them that the strategies they have used to take their diabetes medication can also help them take their cholesterol medication.*
- *If needed, remind client that controlling cholesterol is important for reducing their chances of developing serious illnesses such as heart attack and stroke. Medications can help them live longer and stay independent by lowering their risk for such health problems.*

Notes:

**Activity 1. What Have I Learned, and How Are the Activities Helping? -----□**

- You have been doing great to take care of yourself for the past month and a half! Now that you've been tending to all three legs of the three-legged stool, how do you feel? *Listen supportively, and provide praise and encouragement.*
- Can you tell me some things that you have learned about how to eat healthy?

*If needed, you can talk with client about the three rules of eating healthy:*

1. *One and Done – this rule reminds us to avoid second helpings*
2. *Respect the Border – this rule reminds us to not overload our plate, and divide up the plate so that half of the plate is fruit and vegetables, a quarter of the plate is protein, and a quarter of the plate is starchy foods*
3. *Be Sweet On Yourself – this rule reminds us to eat less fried foods and fats, and drink fewer sugar-sweetened drinks*

- How about exercise? What have you learned about living a physically active life?

*If needed, you can talk about the client about the three rules of physical activity:*

1. *Be Smart, Exercise Your Heart – this rule reminds us that exercise has many benefits*
2. *Walk Down Your Blood Sugar – this rule reminds us that walking and other kinds of physical activity can help lower our blood sugar*
3. *Sitting is the New Smoking – this rule reminds us that it is unhealthy to sit too long, and we should try to be active throughout the day, even if it's just 2 minutes of light activity every hour*

- And what have you learned about your diabetes medications and what they can do for you?

*If needed, you can talk about some of the basics of diabetes medications:*

- *Medications are important for diabetes, but they aren't perfect – diabetes progresses, even on medications. So, even if you're doing everything right, you may eventually need a second or third medication.*
- *However, diabetes progresses much more quickly without medications. Medications, together with diet and exercise, can prevent or delay complications like stroke, dialysis, heart attack, and amputations.*
- *Side effects can be a problem, but you should discuss with your doctor before stopping. Remember that there are many types of diabetes medications available, so you should be able to get on a medication that controls your sugar and lets you feel well.*
- *Another problem with medications can be how much they cost. However, there are generic medications for diabetes that work as well as brand-name drugs and cost much less.*

- And can you recall what medications can do for you if you have high blood pressure or high cholesterol?

*If needed, you can remind them these things about medications for blood pressure and cholesterol:*

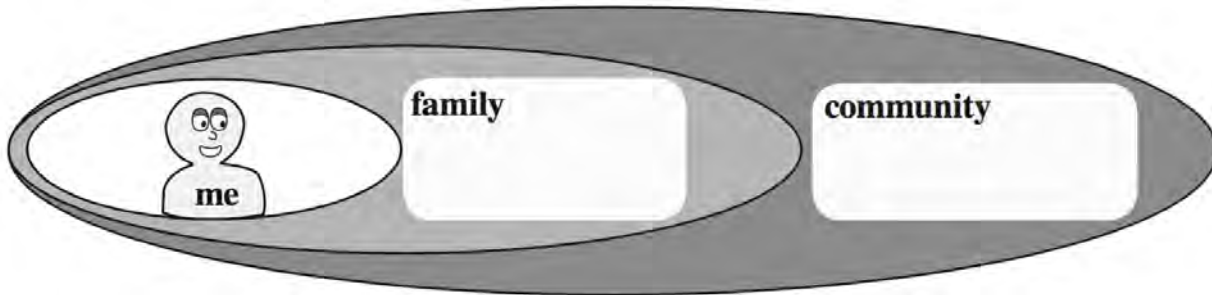
- *Like with diabetes, there are many different medications available to treat high blood pressure.*
- *So, if you have high blood pressure, you should be able to get on a medication that controls your blood pressure and lets you feel well.*
- *For high cholesterol, there is one main type of medicine, called statins. Most people taking a statin to treat their high cholesterol feel well and have no side effects.*
- *However, if you ever feel side effects with either blood pressure or cholesterol medicine, don't just stop: always reach out to your doctor first.*
- *Finally, if you are worried about the cost of these medications, there are generic medications for blood pressure and cholesterol that work as well as brand-name drugs and cost much less.*

- Great! It's good to keep in mind that paying attention to all three legs of the stool – eating healthy, being physically active, and taking your medications – can make a big difference in how you are able to live now as well as your life many years down the road.
- Now that you've been working on the three-legged stool for the past month and a half, let's think about how it's helping you. Please turn to page 21 in your Activity Book.
- On that page, you can see some of the ways that people have been helped by eating healthy, exercising, and taking their medications.
- How about you? Have you been helped in these ways? Let's go down the list together and check the boxes that apply to you.
- How about your blood sugar? Has your blood sugar gotten better?
  - How about your weight?
  - How about your energy?
  - How about your mood?
  - How about your ability to take care of your family?
  - How about your ability to do your job?
  - How about going out?
- Now, the things that we've been talking about are some of the ways that eating healthy, exercising, and taking your medications are helping you live well *now*. Take a minute and think about how taking care of the three-legged stool can help you a bit further down the line
- How about your chances of experiencing complications from your diabetes? Do you think taking care of the three-legged stool is helping you achieve that?
  - How about your chances of being there for important events down the road, like *[repeat long-term goals from page 3 in the Client Plan Book]*? Do you think taking care of the three-legged stool is helping you achieve that?



**Activity 2: How Can I Keep Going in the Future? Health Buddy -----□**

- Thanks so much for sharing with me what you have learned about eating healthy, exercising, and taking your medications. You have done such a great job, and made a lot of progress.
- Now, we have one more full session, in four weeks’ time. I’ll be calling you in two weeks, but it’ll be just a brief call to check in and see how you’re doing.
- So, in the next month, you’ll practice setting goals and taking care of the three-legged stool, mostly on your own.
- I mention this, because research has shown that, once a program like this comes to an end, people may stop doing the good things that helped them during the program.
- This is understandable! It can be hard to keep going all on your own.
- One thing that may help is to have a Health Buddy, or a person in your life that can support you as you continue practicing those things to live well with diabetes.
- So, let’s turn to page 22 in your Activity Book and look at the image.



- Now, think about the main person in your family that supports you. Can you tell me who this is? *Let client answer.* OK, let’s write their name in the blank box labeled, “family.”
- Now, who is the main person in your community that supports you? *Let client answer.* OK, let’s write their name in the blank box labeled, “community.”
- OK, can you tell me a little bit about them and how they support you? *Let client answer. If needed, share your experience with the main people that support you and how they help you live a full, healthy life.*

Notes:

- Now, who do you think could be your Health Buddy, or a person that can help you keep living well once the program ends?

- Write down the name of potential health buddy in the box below.

Name of potential health buddy:

- If client has a hard time thinking of a support person in their family or their community,
  - Ask them to think of a person in the community that they reach out to when they need support for their diabetes. Explore if the client can find a Health Buddy with the help of this person.
  - If they can't think of anyone from the community who could help, offer to help the client find a person in the Living Well with Diabetes Program that could be their Health Buddy.
    - If the client asks for this option, call the UAB team TODAY after your session to discuss how to find a Health Buddy for this client.

- Do you see the smaller box in the middle of the left-hand side? In that box, write down the name of your Health Buddy.
- OK, when would you like to approach them and see if they would be willing to help you out like this? It may be a good idea to do this soon, perhaps this week or next week.

When they will reach out to health buddy:

- Now, do you see the larger box on the bottom left-hand corner of the page? Write down when you're going to ask this person to be your Health Buddy.
- Wonderful! I'll ask you about how that went when we talk next time.

### **Homework for Next Four Weeks** -----

- Now, let's go over your homework for the next four weeks. Please turn to page 23 in your Activity Book.
- For the next four weeks, you'll continue your homework for each leg of the 3-legged stool.
- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- You're also going to mark down whether you kept to your healthy eating goal on the days that we discussed. Your plan is to... *repeat the healthy eating goal from today written in the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating goal on the days we discussed.
- The goal is to eat healthy every day, so if you are able to follow your healthy eating goal on the other days, mark "Yes" on those days, too.

- If you do well with your goal this week, you could add another step towards healthy eating the following week. You can go back to page 6 in your Activity Book to see your healthy eating goals and see if you would like to work on another goal for the following week.
- You're going to monitor the number of minutes of exercise every day. You decided that you would try... *repeat the exercise goal from today written in the Client Plan Book.*
- So, under the column with a picture of a person walking, you're going to write down the number of minutes of exercise you were able to do on the days we discussed.
- If you are doing well with your goal and were able to exercise on the other days, write down the number of minutes of exercise you did on those days, too.
- Also, if you do well with your goal this week, you could add another step towards being physically active, like adding 5 more minutes to your plan during the following week.
- Do you have any questions about what to do? *Make sure client knows what to do.*
- Now, remember, we're not going to have a full session for four weeks, but I am going to give you a quick call in two weeks, just to check in and see how you're doing.
- OK, when would you like to talk in two weeks? How about in four weeks?

- *Try to make the dates as close to 14 and 28 days from now as possible.*
- *For the quick check-in call in 2 weeks, schedule it at least 14 days from today, but no more than 17 days.*
- *For the full session in 4 weeks, schedule it at least 28 days from today, but no more than 31 days.*

***Next appointment date and time in 2 weeks:***

***Next appointment date and time in 4 weeks:***

- Great! Please go ahead and write down both dates and times in your Activity Book on page 24. So, our appointment in two weeks is *[read aloud the date and time in 2 weeks]*, and our appointment in four weeks is *[read aloud the date and time in four weeks]*.
- All right, then. I will be speaking briefly with you in two weeks, and then longer in four weeks. I look forward to hearing how things went!

✓ Session 7 completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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**Week 10, Check-In Session 2 (Two Weeks After Session 7)**

**Session Goals:**

- Brief encouragement to client
- Brief troubleshooting if client is having difficulty with any of the homework
- Brief reminder to client about upcoming Session 8 in two weeks

**Before Calling the Client** -----

- Review last session’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES in instructions for you: don’t read that text aloud to the client.

<b>Call Log</b>		
<b>Dates</b>	<b>Times</b>	<b>Notes</b>
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <div style="border-bottom: 1px solid black; height: 40px;"></div>

**Check In** ----- □

- So, it's been about two weeks since we talked.
- I know that we're not supposed to have a full session for another two weeks, but I just wanted to give you a quick call to see how you were doing.
- How are you? Has everything been going okay with you since we talked? *Listen supportively.*
- And how has it been going with your homework?

*Say hello and make sure the client is still okay with speaking for about ten minutes today.*

- *If client has been doing well:*
  - *Provide lots of praise, and encourage them to keep it up for the next two weeks.*
- *If client has been struggling:*
  - *Quickly review their goal from last session*
  - *Encourage client to think about what they can do to troubleshoot. Try to encourage client to come up with a solution themselves (we are working to build their confidence to overcome difficulties and set goals for themselves).*

*Notes:*

**Remind Client of Next Session** ----- □

- Now, we'll have a full session [*repeat the date and time for Session 8 from page 97 in your manual*].
- Between now and when we talk again, you are going to continue doing your homework, just like you did in the past two weeks.
- You'll keep track of your progress on page 24 of your Activity Book, just like you've been doing. Do you have any questions? *Make sure client understands what to do.*
- All right, then! I look forward to hearing how things went when we talk in two weeks!

<input checked="" type="checkbox"/> Check In completed	_____ / _____ / _____ <i>month            day            year</i>	_____ / _____ <i>start time        end time</i>	_____ <i>peer initials</i>
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**Week 12, Session 8: “Practice and Planning for the Future – Part 2”**

**Session Goals:**

- Brief review of last week’s session
- Review homework
- Discuss how the Health Buddy can help the client keep going when the program ends

**Before Calling the Client** -----

- Review last session’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

<b>Call Log</b>		
<b>Dates</b>	<b>Times</b>	<b>Notes</b>
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <div style="border-bottom: 1px solid black; height: 40px;"></div>



**Greeting** ----- □

- Great, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*
- Please turn to page 25. Today, we'll talk about how your homework went, and then we'll talk about some things that you can do to help you keep going when the program ends.
- After today's session, we're going to have three more scheduled calls.
- Those will be calls lasting about thirty minutes, where I will check in on you and see how you're doing with the three-legged stool. Our next call will be in four weeks.
- Do you have any questions about that? *Let client ask questions.* Great, let's get started!

*Say hello and make sure the client is still okay with speaking for about a half hour to forty minutes today.*

**Review Last Session** ----- □

- First, let's review what we talked about last time. Please stay on page 25 in your Activity Book.
- We talked about what we have learned from this program to take care of the three-legged stool so that we can live well with diabetes.
- We also talked about how healthy eating, exercising, and taking our medications are helping us live well now and live longer so that we can reach our long-term goals, like *[repeat long-term goals on page 3 in the Client Plan Book]*.
- Does that sound right? *Let client answer.* Did you have any questions? *Let client answer.*

**Review Homework For Last Four Weeks** ----- □

- OK, now, I'd like to go over your homework from the past four weeks and then talk about your homework for the next four weeks.
- First, let's discuss how you did on your homework during the past four weeks. Can you turn to page 23 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*

<b>Client has not done homework for 2 sessions in row</b>	<b>2. Community coordinator calls back with next steps:</b>
<b>1. Community coordinator notified (note date / time):</b>  <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>date</span> <span>time</span> </div>	


**Homework #1: Medications**

- OK, let's start with your medicines and how you did with them that first week.
- Let's start with Day 1. Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, let's talk about how you did with your medicines during the second week. On Day 1 of the second week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Let's continue with the third week. On Day 1 of the third week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Finally, let's talk about how you did with your diabetes medication during the fourth week. On Day 1 of the fourth week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If your client 1) took their diabetes medication every day as directed in the past four weeks and 2) has successfully overcome all of the diabetes medication barriers identified at the beginning of the program:*

- *Praise profusely! Tell them to keep up the great work by continuing to take their medications every day as directed.*
- *Then, go to **page 106** and continue with **Homework #2, Healthy Eating**.*

*If your client was not able to take their diabetes medication every day as directed in the past four weeks:*

- *Stay on **page 104** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

*If your client took their diabetes medication every day as directed in the past four weeks, but still has diabetes medication barriers that haven't been addressed:*

- *Check page 8 in the Client Plan Book and see what issues are remaining. Then, remind client about these remaining issues and ask which one they would like to work on next.*
- *Go to **page 105** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

- Now, I'd like to follow up on the plan that we made at our last session to help you get the most out of your diabetes medications by taking them every day.
- Last time we talked, the issue you wanted to work on was... [*go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last time*].
- To overcome this issue, you decided to... [*read out loud the medication-taking plan from last time*].
  - You thought that it might be hard for you to carry out this plan, because... [*read potential barriers*].
  - To go around the problem, you decided to... [*read how client decided to go around potential barriers*].

Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

*Notes:*

OK, so what would you like to do over the next four weeks to help you get the most out of your medications?

- ***If their plan worked and last session’s issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don’t want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked “Very Often” (or “Often” if there are no “Very Often” statements to address, and “Sometimes” if there are no “Often” statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:  
“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you’ll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make sure it is a SMART goal.*
- ***Record this week’s strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week’s strategy on the page, “Plan for Diabetes Medication Side Effects and/or Cost,” in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week’s strategy on the page, “Plan for Other Diabetes Medication Barriers,” in the Client Plan Book.*

- OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let’s review that. It looks like you’ll... *repeat the new medication goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- This is a great plan! I look forward to hearing how this plan worked when we talk next time!



**Homework #2: Healthy Eating**

OK, let's talk about how your healthy eating went during the first week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 1**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, during the second week, were you able to take another step to eat healthier?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 1<sup>st</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*New healthy eating goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the second week. How did it go on Day 1 of the second week? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 2**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, during the third week, were you able to take another step to eat healthier?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 2<sup>nd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*New healthy eating goal for 3<sup>rd</sup> week, if client increased goal:*



OK, let's talk about how your healthy eating went during the third week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the fourth week, were you able to take another step to eat healthier?

**Week 3**

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 3<sup>rd</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*New healthy eating goal for 4<sup>th</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the fourth week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 4**

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, the last time we made a plan to help you eat healthy every day, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last time].*

You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*

To go around the problem, you decided to... *[read how client decided to go around potential barriers].*

Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*

During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*

During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*

During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*

OK, what would you like to do this week in terms of healthy eating?

- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*
  - *Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.*
  - *Be supportive, but remind client that you’ll revisit the goal next week to see how it went this time.*

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

**Homework #3: Physical Activity**

Now, let’s talk about how your exercise went during the first week. How much exercise were you able to do on Day 1? *For each day, write down number of minutes.*

Great! Now, during the second week, were you able to take another step to become more physically active?

**Week 1**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 1<sup>st</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with exercise during the second week. How did it go on Day 1 of the second week? *For each day, write down number of minutes.*

Great! Now, during the third week, were you able to take another step to become more physically active?

**Week 2**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 2<sup>nd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*Notes and new exercise goal for 3<sup>rd</sup> week, if client increased goal:*

OK, let's take a look at how you did with exercise during the third week. How did it go on Day 1 of the third week? *For each day, write down number of minutes.*

Great! Now, during the fourth week, were you able to take another step to become more physically active?

**Week 3**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 3<sup>rd</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*Notes and new exercise goal for 4<sup>th</sup> week, if client increased goal:*

- OK, let's take a look at how you did with exercise during the fourth week. How did it go on Day 1 of the fourth week? *For each day, write down number of minutes.*

Week 4	
	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	minutes
<b>Day 2</b>	minutes
<b>Day 3</b>	minutes
<b>Day 4</b>	minutes
<b>Day 5</b>	minutes
<b>Day 6</b>	minutes
<b>Day 7</b>	minutes

- Great! Now, the last time we made a plan to help you exercise every day, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last time].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*
- During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*
- During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*
- During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*

OK, what would you like to do this week in terms of exercise?

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Write the goal for this week in the space provided in the Client Plan Book.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

*If you and your client talked about high blood pressure during Session 7:*

- *Go to **Homework #4: High Blood Pressure** on page 112 in your manual.*
- *Once you're finished, continue with the session on page 113.*

*If you and your client talked about high cholesterol during Session 7:*

- *Go to **Homework #5: High Cholesterol** on page 112 in your manual.*
- *Once you're finished, continue with the session on page 113.*

*If you and your client talked about high blood pressure and high cholesterol during Session 7:*

- *Go to **Homework #4: High Blood Pressure** on page 112 in your manual.*
- *Then, continue on to **Homework #5: High Cholesterol** on the same page.*
- *Once you're finished, continue with the session on page 113.*

*If your client's blood pressure and cholesterol were under control and you didn't set goals last week, then go to **Activity 1 on page 113** in your manual.*

**Homework #4: High Blood Pressure (only if client is on medicine for high blood pressure or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high blood pressure.
- Last time, you wanted to... *[review your notes from page 92 in your manual]*.
- Now, how did it go?

- *Listen supportively and praise client's effort in the past week.*
- *Encourage client to continue working with their doctor to control their blood pressure.*
- *If they are taking medication for their blood pressure, tell them that the strategies they have used to take their diabetes medication can also help them take their blood pressure medication.*
- *If needed, remind client that controlling blood pressure is important for reducing their chances of developing serious illnesses such as heart attack, stroke, dialysis, and blindness. Medications can help them live longer and stay independent by lowering their risk for such health problems.*

Notes:

**Homework #5: High Cholesterol Plan (only if client is on medicine for high cholesterol or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high cholesterol.
- Last time, you wanted to... *[review your notes from page 92 in your manual]*.
- Now, how did it go?

- *Listen supportively and praise client's effort in the past week.*
- *Encourage client to continue working with their doctor to control their cholesterol.*
- *If they are taking medication for their cholesterol, tell them that the strategies they have used to take their diabetes medication can also help them take their cholesterol medication.*
- *If needed, remind client that controlling cholesterol is important for reducing their chances of developing serious illnesses such as heart attack and stroke. Medications can help them live longer and stay independent by lowering their risk for such health problems.*

Notes:



### Activity 1. Planning for the Future with Your Health Buddy -----□

- You've spent another month doing a great job to take care of yourself! As you continue to work on eating healthy, being physically active, and taking your medications, how do you feel? *Listen supportively, and provide praise and encouragement.*
- Over the past three months, you have learned about the importance of the three-legged stool for living well with diabetes. Healthy eating, exercise, and medications will help you live well *now* so that you can do what you need to do, day to day.
- Doing these things also will help you *stay* well so that you can accomplish your long-term goals and be there for important events in the future.
- You learned how to eat healthy, get exercise, and take medications in ways that work for you and your life, and you kept track of how you're able to do these things so that you can see the progress that you're making.
- Now, our hope is that you can keep going once the program ends. But, research has shown that, once a program like this ends, it can be hard for people to keep doing the good things that helped them during the program.
- This is understandable! It can be hard to keep going all on your own.
- Now, during our last session, we talked about a Health Buddy, or a person in your life that can help you to keep living well once the program ends.
- Let's talk about how things went with your Health Buddy. So the last time we talked, you were going to contact [*name of Health Buddy on page 96 in your manual*] and talk to them about being your Health Buddy. How did that go?

- *If they succeeded in getting a Health Buddy, discuss how that went.*
- *If they did not succeed in getting a Health Buddy, ask them if they want to try the same person again or if they want to try another person. Write down what they decide in the box below:*

Notes:

- *If they cannot think of a person to be their Health Buddy, contact UAB staff or your community coordinator at the end of today's session.*
- *Note:*
  - *Sometimes a client may want to have more than one Health Buddy (for example, one Health Buddy to help them be physically active, another Health Buddy to go shopping for healthy foods and preparing healthy meals, or another Health Buddy to remind each other to refill medications or accompany each other to their doctor's appointment).*
  - *Encourage your client to have one main Health Buddy.*
  - *However, if they feel like they would be helped more by having more than one Health Buddy, that is fine. Be sure to write that down in the box above.*

- As I mentioned before, it can be very helpful to have a Health Buddy to help you continue living well after the program ends.
- Now, can you think of some things you could do with your Health Buddy to help you keep taking care of the three-legged stool?

- *If needed, use your motivational interviewing skills to help them figure out how they can engage the Health Buddy to help them with eating healthy, being physically active, and taking medications.*
- *Here are some suggestions for how the Health Buddy can help:*
  - *Someone to talk to when feeling stressed, or feeling down or blue.*
  - *Someone to exercise with.*
  - *Someone to help you eat healthy (for example, go shopping for healthy foods, swapping healthy recipes, preparing healthy meals, making healthy choices when you go out to eat or when you're attending a party)*
  - *Someone to help you to take your medications (for example, getting refills on time, accompanying you to doctor's visits, talking to the pharmacist with you)*
- *It's also good to remind your client that they will be helping their Health Buddy live well, too!*
  - *Your client will help their Health Buddy live well now, so that they can do what they need to do, day to day.*
  - *Your client also will help their Health Buddy to stay well so that they can accomplish their long-term goals and be there for important events in the future.*

### **Homework for Next Four Weeks -----**

- Great! We're almost done. The only thing left to do is go over your homework for the next four weeks. Please turn to page 26 in your Activity Book.
- For the next four weeks, you'll continue your homework for each leg of the 3-legged stool.
- You'll carry out the plan we discussed that will help you get the most out of your medicines.
- You're also going to mark down whether you kept to your healthy eating goal on the days that we discussed. Your plan is to... *repeat the healthy eating goal from today written in the Client Plan Book.*
- So, under the column with a picture of apples, you're going to mark "Yes" if you were able to follow your healthy eating goal on the days we discussed.
- The goal is to eat healthy every day, so if you are able to follow your healthy eating goal on the other days, mark "Yes" on those days, too.
- If you do well with your goal this week, you could add another step towards healthy eating the following week. You can go back to page 6 in your Activity Book to see your healthy eating goals and see if you would like to work on another goal for the following week.
- You're going to monitor the number of minutes of exercise every day. You decided that you would try... *repeat the exercise goal from today written in the Client Plan Book.*

- So, under the column with a picture of a person walking, you're going to write down the number of minutes of exercise you were able to do on the days we discussed.
- If you are doing well with your goal and were able to exercise on the other days, write down the number of minutes of exercise you did on those days, too.
- Also, if you do well with your goal this week, you could add another step towards being physically active, like adding 5 more minutes to your plan during the following week.
- Do you have any questions about what to do? *Make sure client knows what to do.*
- OK, remember that we're not going to talk again for four weeks. When we do talk, we'll be talking for thirty minutes or so to make sure everything is going well with your homework.
- Now, if you are having trouble with your homework, we'll talk until we figure out what we can do to help you get back on track. Do you have any questions? *Let client answer.*
- OK, when would you like to talk in four weeks?

- *Try to make the dates as close to 28 days from now as possible.*
- *Schedule it at least 28 days from today, but no more than 31 days.*

***Next appointment date and time in 4 weeks:***

- Great! Please go ahead and write down the date and time in your Activity Book on page 27.
- I will be speaking with you in four weeks. I look forward to hearing how things went!

✓ Session 8 completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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**Week 16, Session 9 (Checking In, Four Weeks After Session 8)**

**Session Goals:**

- Review homework from past four weeks
- Brief troubleshooting if client is having difficulty with any of the homework
- Schedule next session in four weeks

**Before Calling the Client** -----

- Review last session’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

Call Log		
Dates	Times	Notes
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><i>date</i></span> <span><i>time</i></span> </div>	2. Community coordinator calls back with Next Steps:  <div style="border-bottom: 1px solid black; height: 40px;"></div>

**Check In -----**

- So, it's been about four weeks since we talked, and I just wanted to give you a call to see how you were doing and how it was going with your homework.
- Great, do you have your Activity Book handy? *If not, let them get the Activity Book before going on.*
- Today, we'll go over your homework for the past four weeks to see how you've been doing with that.
- Then, we'll schedule our next call, which will be a check-in call, just like the one we're having today. Our next call will be in four weeks.
- Do you have any questions about that? *Let client ask questions.* Great, let's get started!

*Say hello and make sure the client is still okay with speaking for about thirty minutes today.*

**Review Homework For Last Four Weeks -----**

- OK, now, I'd like to go over your homework from the past four weeks and then talk about your homework for the next four weeks.
- First, let's discuss how you did on your homework during the past four weeks. Can you turn to page 26 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*

<b>Client has not done homework for 2 sessions in row</b>	<b>2. Community coordinator calls back with next steps:</b>
<b>1. Community coordinator notified (note date / time):</b>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"><i>date</i></div> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"><i>time</i></div> </div>	    




**Homework #1: Medications**

- OK, let's start with your medicines and how you did with them that first week.
- Let's start with Day 1. Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, let's talk about how you did with your medicines during the second week. On Day 1 of the second week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No




Great! Let's continue with the third week. On Day 1 of the third week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Finally, let's talk about how you did with your diabetes medication during the fourth week. On Day 1 of the fourth week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If your client 1) took their diabetes medication every day as directed in the past four weeks and 2) has successfully overcome all of the diabetes medication barriers identified at the beginning of the program:*

- *Praise profusely! Tell them to keep up the great work by continuing to take their medications every day as directed.*
- *Then, go to **page 122** and continue with **Homework #2, Healthy Eating**.*

*If your client was not able to take their diabetes medication every day as directed in the past four weeks:*

- *Stay on to **page 120** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

*If your client took their diabetes medication every day as directed in the past four weeks, but still has diabetes medication barriers that haven't been addressed:*

- *Go to **page 121** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

- Now, I'd like to follow up on the plan that we made at our last session to help you get the most out of your diabetes medications by taking them every day.
- Last time we talked, the issue you wanted to work on was... [*go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last time*].
- To overcome this issue, you decided to... [*read out loud the medication-taking plan from last time*].
  - You thought that it might be hard for you to carry out this plan, because... [*read potential barriers*].
  - To go around the problem, you decided to... [*read how client decided to go around potential barriers*].
- Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

*Notes:*

OK, so what would you like to do over the next four weeks to help you get the most out of your medications?

- ***If their plan worked and last session’s issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don’t want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked “Very Often” (or “Often” if there are no “Very Often” statements to address, and “Sometimes” if there are no “Often” statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:  
“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you’ll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make sure it is a SMART goal.*
- ***Record this week’s strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week’s strategy on the page, “Plan for Diabetes Medication Side Effects and/or Cost,” in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week’s strategy on the page, “Client Plan for Other Diabetes Medication Barriers,” in the Plan Book.*

- OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let’s review that. It looks like you’ll... *repeat the new medication goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- This is a great plan! I look forward to hearing how this plan worked when we talk next time!

**Homework #2: Healthy Eating**

OK, let's talk about how your healthy eating went during the first week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the second week, were you able to take another step to eat healthier?

**Week 1**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 1<sup>st</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*New healthy eating goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the second week. How did it go on Day 1 of the second week? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the third week, were you able to take another step to eat healthier?

**Week 2**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 2<sup>nd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*New healthy eating goal for 3<sup>rd</sup> week, if client increased goal:*

OK, let’s talk about how your healthy eating went during the third week. How did it go on Day 1? *For each day, check “yes” or “no” for the Healthy Eating column.*

Great! Now, during the fourth week, were you able to take another step to eat healthier?

**Week 3**

		<b><i>Ate healthy?</i></b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 3<sup>rd</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*New healthy eating goal for 4<sup>th</sup> week, if client increased goal:*

OK, let’s take a look at how you did with healthy eating during the fourth week. How did it go on Day 1? *For each day, check “yes” or “no” for the Healthy Eating column.*

**Week 4**

		<b><i>Ate healthy?</i></b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, the last time we made a plan to help you eat healthy every day, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last time].*

You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*

To go around the problem, you decided to... *[read how client decided to go around potential barriers].*

Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*

During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*

During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*

During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*



OK, what would you like to do this week in terms of healthy eating?

- If they met their healthy eating goal,
  - Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.
  - Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.
  - Summarize to confirm their new goal. For example, you could say:
 

“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”
- If they were not able to meet their healthy eating goal,
  - Let client stick to the same eating goal, but be sure to modify the plan if needed.
  - Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.
  - Be supportive, but remind client that you’ll revisit the goal next week to see how it went this time.

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? Write down potential barriers.

OK, what do you think you can do to overcome these things? Help clients think of possible solutions to these barriers, and write down those solutions.

Great, I look forward to hearing how this plan worked when we talk next time!

**Homework #3: Physical Activity**

Now, let’s talk about how your exercise went during the first week. How much exercise were you able to do on Day 1? For each day, write down number of minutes.

Great! Now, during the second week, were you able to take another step to become more physically active?

**Week 1**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:
  - Did not evaluate goal after 1<sup>st</sup> week
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week

Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:



OK, let's take a look at how you did with exercise during the second week. How did it go on Day 1 of the second week? *For each day, write down number of minutes.*

Great! Now, during the third week, were you able to take another step to become more physically active?

**Week 2**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 2<sup>nd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*Notes and new exercise goal for 3<sup>rd</sup> week, if client increased goal:*

OK, let's take a look at how you did with exercise during the third week. How did it go on Day 1 of the third week? *For each day, write down number of minutes.*

Great! Now, during the fourth week, were you able to take another step to become more physically active

**Week 3**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 3<sup>rd</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*Notes and new exercise goal for 4<sup>th</sup> week, if client increased goal:*

- OK, let's take a look at how you did with exercise during the fourth week. How did it go on Day 1 of the fourth week? *For each day, write down number of minutes.*

Week 4	
	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	minutes
<b>Day 2</b>	minutes
<b>Day 3</b>	minutes
<b>Day 4</b>	minutes
<b>Day 5</b>	minutes
<b>Day 6</b>	minutes
<b>Day 7</b>	minutes

- Great! Now, the last time we made a plan to help you exercise every day, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last time].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*
- During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*
- During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*
- During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*

OK, what would you like to do this week in terms of exercise?

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Write the goal for this week in the space provided in the Client Plan Book.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

*If you and your client talked about high blood pressure during the previous session*

- *Go to **Homework #4: High Blood Pressure** on page 128 in your manual.*
- *Once you're finished, continue with the session on page 129.*

*If you and your client talked about high cholesterol during the previous session:*

- *Go to **Homework #5: High Cholesterol** on page 128 in your manual.*
- *Once you're finished, continue with the session on page 129.*

*If you and your client talked about high blood pressure and high cholesterol during the previous session:*

- *Go to **Homework #4: High Blood Pressure** on page 128 in your manual.*
- *Then, continue on to **Homework #5: High Cholesterol** on the same page.*
- *Once you're finished, continue with the session on page 129.*

*If your client's blood pressure and cholesterol were under control and you didn't set goals during the previous session, then continue with the session on **page 129** in your manual.*

**Homework #4: High Blood Pressure (only if client is on medicine for high blood pressure or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high blood pressure.
- Last time, you wanted to... [review your notes from page 112 in your manual].
- Now, how did it go?

- Listen supportively and praise client's effort in the past week.
- Encourage client to continue working with their doctor to control their blood pressure.
- If they are taking medication for their blood pressure, tell them that the strategies they have used to take their diabetes medication can also help them take their blood pressure medication.
- If needed, remind client that controlling blood pressure is important for reducing their chances of developing serious illnesses such as heart attack, stroke, dialysis, and blindness. Medications can help them live longer and stay independent by lowering their risk for such health problems.

Notes:

**Homework #5: High Cholesterol Plan (only if client is on medicine for high cholesterol or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high cholesterol.
- Last time, you wanted to... [review your notes from page 112 in your manual].
- Now, how did it go?

- Listen supportively and praise client's effort in the past week.
- Encourage client to continue working with their doctor to control their cholesterol.
- If they are taking medication for their cholesterol, tell them that the strategies they have used to take their diabetes medication can also help them take their cholesterol medication.
- If needed, remind client that controlling cholesterol is important for reducing their chances of developing serious illnesses such as heart attack and stroke. Medications can help them live longer and stay independent by lowering their risk for such health problems.

Notes:

**Schedule Next Check-In Session** -----

- You have been doing a wonderful job with the three-legged stool! And keeping track of your progress is very helpful for seeing how well you're doing with this.
- OK, our next session will be four weeks from now. It will be just like today's call, where we'll talk for about a half hour to see how you're doing with your homework.
- If you can turn to page 28 in your Activity Book, you'll see where you'll monitor your homework for the next four weeks. Do you have any questions about what to do?
- Great! Now, when would you like to talk in four weeks?

- *Try to make the dates as close to 28 days from now as possible.*
- *Schedule it at least 28 days from today, but no more than 31 days.*

***Next appointment date and time in 4 weeks:***

- Great! Please go ahead and write down the date and time in your Activity Book on page 29.
- I will be speaking with you in four weeks. I look forward to hearing how things went!

<input checked="" type="checkbox"/> Check In completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
--------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------------------	-------------------------------



**Week 20, Session 10 (Checking In, Four Weeks After Session 9)**

**Session Goals:**

- Review homework from past four weeks
- Brief troubleshooting if client is having difficulty with any of the homework
- Schedule next session in four weeks

**Before Calling the Client** -----

- Review last session’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

Call Log		
Dates	Times	Notes
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
1. Community coordinator notified (note date / time):  _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>date</span> <span>time</span> </div>	2. Community coordinator calls back with Next Steps:  

**Check In -----**

- So, it’s been about four weeks since we talked, and I just wanted to give you a call to see how you were doing and how it was going with your homework.
- Great, do you have your Activity Book handy? *If not, let them get the Activity Book before going on.*
- Today, we’ll go over your homework for the past four weeks to see how you’ve been doing with that.
- Then, we’ll schedule our next call, which will be a check-in call, just like the one we’re having today. Our next call will be in four weeks.
- Do you have any questions about that? *Let client ask questions.* Great, let’s get started!

*Say hello and make sure the client is still okay with speaking for about thirty minutes today.*

**Review Homework For Last Four Weeks -----**

- OK, now, I’d like to go over your homework from the past four weeks and then talk about your homework for the next four weeks.
- First, let’s discuss how you did on your homework during the past four weeks. Can you turn to page 28 in your Activity Book? *Let client get to the page.*
- Were you able to complete the homework?

*Note: if the client has not done some of the homework 2 sessions in a row, talk about what is making it hard to monitor. Let them know that since this is a research project, the investigators may want to help the person to succeed. Let them know that someone from the research team will be in touch.*

- *Call the research team within 24 hours and let them know what is happening.*
- *UAB staff will brief you on the conversation and the plan so that you can reinforce it next week.*

<b>Client has not done homework for 2 sessions in row</b>	<b>2. Community coordinator calls back with next steps:</b>
<b>1. Community coordinator notified (note date / time):</b>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"><i>date</i></div> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"><i>time</i></div> </div>	


**Homework #1: Medications**

- OK, let's start with your medicines and how you did with them that first week.
- Let's start with Day 1. Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Now, let's talk about how you did with your medicines during the second week. On Day 1 of the second week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Let's continue with the third week. On Day 1 of the third week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Finally, let's talk about how you did with your diabetes medication during the fourth week. On Day 1 of the fourth week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If your client took 1) their diabetes medication every day as directed in the past four weeks and 2) has successfully overcome all of the diabetes medication barriers identified at the beginning of the program:*

- *Praise profusely! Tell them to keep up the great work by continuing to take their medications every day as directed.*
- *Then, go to **page 136** and continue with **Homework #2, Healthy Eating**.*

*If your client was not able to take their diabetes medication every day as directed in the past four weeks:*

- *Stay on **page 134** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

*If your client took their diabetes medication every day as directed in the past four weeks, but still has diabetes medication barriers that haven't been addressed:*

- *Go to **page 135** in your manual and continue with setting a diabetes medication goal.*
- *Then, go on with the rest of the session.*

- Now, I'd like to follow up on the plan that we made at our last session to help you get the most out of your diabetes medications by taking them every day.
- Last time we talked, the issue you wanted to work on was... *[go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last time]*.
- To overcome this issue, you decided to... *[read out loud the medication-taking plan from last time]*.
  - You thought that it might be hard for you to carry out this plan, because... *[read potential barriers]*.
  - To go around the problem, you decided to... *[read how client decided to go around potential barriers]*.
- Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

*Notes:*



OK, so what would you like to do over the next four weeks to help you get the most out of your medications?

- ***If their plan worked and last session's issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don't want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked "Very Often" (or "Often" if there are no "Very Often" statements to address, and "Sometimes" if there are no "Often" statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:  
"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you'll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make sure it is a SMART goal.*
- ***Record this week's strategy in the Client Plan Book.***
  - *If the strategy addresses side effects/and or cost, record this week's strategy on the page, "Client Plan for Diabetes Medication Side Effects and/or Cost," in the Client Plan Book.*
  - *If the strategy addresses other barriers besides side effects or cost, then record this week's strategy on the page, "Client Plan for Other Diabetes Medication Barriers," in the Client Plan Book.*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let's review that. It looks like you'll... *repeat the new medication goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers in the left column in the box below.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write those solutions in the right column in the box below.*
- This is a great plan! I look forward to hearing how this plan worked when we talk next time!



**Homework #2: Healthy Eating**

OK, let's talk about how your healthy eating went during the first week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 1**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, during the second week, were you able to take another step to eat more healthy?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 1<sup>st</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*New healthy eating goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the second week. How did it go on Day 1 of the second week? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 2**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, during the third week, were you able to take another step to eat more healthy?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 2<sup>nd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*New healthy eating goal for 3<sup>rd</sup> week, if client increased goal:*

OK, let's talk about how your healthy eating went during the third week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the fourth week, were you able to take another step to eat more healthy?

**Week 3**

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 3<sup>rd</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*New healthy eating goal for 4<sup>th</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the fourth week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 4**

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, the last time we made a plan to help you eat healthy every day, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last time].*

You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*

To go around the problem, you decided to... *[read how client decided to go around potential barriers].*

Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*

During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*

During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*

During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*

OK, what would you like to do this week in terms of healthy eating?

- If they met their healthy eating goal,
  - Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.
  - Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.
  - Summarize to confirm their new goal. For example, you could say:
 

“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”
- If they were not able to meet their healthy eating goal,
  - Let client stick to the same eating goal, but be sure to modify the plan if needed.
  - Go to the Client Plan Book and write down details in the space provided. Be sure to include all the information necessary for the goal.
  - Be supportive, but remind client that you’ll revisit the goal next week to see how it went this time.

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? Write down potential barriers.

OK, what do you think you can do to overcome these things? Help clients think of possible solutions to these barriers, and write down those solutions.

Great, I look forward to hearing how this plan worked when we talk next time!

**Homework #3: Physical Activity**

Now, let’s talk about how your exercise went during the first week. How much exercise were you able to do on Day 1? For each day, write down number of minutes.

Great! Now, during the second week, were you able to take another step to become more physically active?

**Week 1**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		<i>minutes</i>
<b>Day 2</b>		<i>minutes</i>
<b>Day 3</b>		<i>minutes</i>
<b>Day 4</b>		<i>minutes</i>
<b>Day 5</b>		<i>minutes</i>
<b>Day 6</b>		<i>minutes</i>
<b>Day 7</b>		<i>minutes</i>

- Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:
  - Did not evaluate goal after 1<sup>st</sup> week
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week

Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:

OK, let's take a look at how you did with exercise during the second week. How did it go on Day 1 of the second week? *For each day, write down number of minutes.*

**Week 2**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

Great! Now, during the third week, were you able to take another step to become more physically active?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 2<sup>nd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with exercise during the third week. How did it go on Day 1 of the third week? *For each day, write down number of minutes.*

**Week 3**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

Great! Now, during the fourth week, were you able to take another step to become more physically active?

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 3<sup>rd</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

- OK, let's take a look at how you did with exercise during the fourth week. How did it go on Day 1 of the fourth week? *For each day, write down number of minutes.*

Week 4	
	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	minutes
<b>Day 2</b>	minutes
<b>Day 3</b>	minutes
<b>Day 4</b>	minutes
<b>Day 5</b>	minutes
<b>Day 6</b>	minutes
<b>Day 7</b>	minutes

- Great! Now, the last time we made a plan to help you exercise every day, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last time].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*
- During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*
- During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*
- During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*



OK, what would you like to do this week in terms of exercise?

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable advancing the goal, let them stick to the same goal, but supportively warn that you'll be discussing this again next week and remind them that the eventual goal is 30 minutes per day.*
  - *Write the goal for this week in the space provided in the Client Plan Book.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

Great, I look forward to hearing how this plan worked when we talk next time!

*If you and your client talked about high blood pressure during the previous session:*

- *Go to **Homework #4: High Blood Pressure** on page 142 in your manual.*
- *Once you're finished, continue with the session on page 143.*

*If you and your client talked about high cholesterol during the previous session:*

- *Go to **Homework #5: High Cholesterol** on page 142 in your manual.*
- *Once you're finished, continue with the session on page 143.*

*If you and your client talked about high blood pressure and high cholesterol during the previous session:*

- *Go to **Homework #4: High Blood Pressure** on page 142 in your manual.*
- *Then, continue on to **Homework #5: High Cholesterol** on the same page.*
- *Once you're finished, continue with the session on page 143.*

*If your client's blood pressure and cholesterol were under control and you didn't set goals during the previous session, then continue with the session on **page 143** in your manual.*



**Homework #4: High Blood Pressure (only if client is on medicine for high blood pressure or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high blood pressure.
- Last time, you wanted to... [review your notes from page 128 in your manual].
- Now, how did it go?

- Listen supportively and praise client's effort in the past week.
- Encourage client to continue working with their doctor to control their blood pressure.
- If they are taking medication for their blood pressure, tell them that the strategies they have used to take their diabetes medication can also help them take their blood pressure medication.
- If needed, remind client that controlling blood pressure is important for reducing their chances of developing serious illnesses such as heart attack, stroke, dialysis, and blindness. Medications can help them live longer and stay independent by lowering their risk for such health problems.

Notes:

**Homework #5: High Cholesterol Plan (only if client is on medicine for high cholesterol or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high cholesterol.
- Last time, you wanted to... [review your notes from page 128 in your manual].
- Now, how did it go?

- Listen supportively and praise client's effort in the past week.
- Encourage client to continue working with their doctor to control their cholesterol.
- If they are taking medication for their cholesterol, tell them that the strategies they have used to take their diabetes medication can also help them take their cholesterol medication.
- If needed, remind client that controlling cholesterol is important for reducing their chances of developing serious illnesses such as heart attack and stroke. Medications can help them live longer and stay independent by lowering their risk for such health problems.

Notes:

**Schedule Next Check-In Session** -----□

- You have been doing a wonderful job with the three-legged stool! And keeping track of your progress is very helpful for seeing how well you're doing with this.
- OK, our next session will be four weeks from now. It will be just like today's call, where we'll talk about thirty minutes to see how you're doing with your homework.
- If you can turn to page 30 in your Activity Book, you'll see where you'll monitor your homework for the next four weeks. Do you have any questions about what to do?
- Great! Now, when would you like to talk in four weeks?

- *Try to make the dates as close to 28 days from now as possible.*
- *Schedule it at least 28 days from today, but no more than 31 days.*

**Next appointment date and time in 4 weeks:**

- Great! Please go ahead and write down the date and time in your Activity Book at the bottom of page 31.
- I will be speaking with you in four weeks. I look forward to hearing how things went!

✓ Check In completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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**Week 24, Session 11 (Final Session, 4 Weeks After Session 10)**

**Session Goals:**

- Brief encouragement to client
- Brief troubleshooting if client is having difficulty with any of the homework
- Reinforcement of benefits of taking care of the three-legged stool
- Help for client in creating plan to keep going

**Before Calling the Client** -----

- Review last week’s assignment and the barriers and strategies to overcome them.
- Once you’ve reviewed this, place the call.

**Reminder!!**

- Cover and check off all of the session content.
- Any text in GRAY BOXES is instructions for you: don’t read that text aloud to the client.

<b>Call Log</b>		
<b>Dates</b>	<b>Times</b>	<b>Notes</b>
Attempt 1		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 2		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 3		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 4		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 5		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 6		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 7		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**
Attempt 8		<input type="checkbox"/> no answer / phone busy <input type="checkbox"/> left message / voicemail <input type="checkbox"/> rescheduled <input type="checkbox"/> bad phone number**

<b>**All phone numbers provided are disconnected or 8 call attempts made**</b>	
<p>1. Community coordinator notified (note date / time):</p> <p>_____</p> <p style="text-align: center;"><i>date</i>                      <i>time</i></p>	<p>2. Community coordinator calls back with Next Steps:</p>

**Check In** -----□

- Today is our last session! We'll talk about how it's been going with your homework since the last time we talked, which was about four weeks ago.
- Now, do you have your Activity Book handy?  
*If not, let them get the Activity Book before going on.*
- Great, let's get started!

*Say hello and make sure the client is still okay with speaking for about thirty minutes today.*

**Review Homework For Last Four Weeks** -----□

- OK, now, I'd like to go over your homework from the past four weeks and then talk about your homework for the next four weeks.
- First, let's discuss how you did on your homework during the past four weeks. Can you turn to page 30 in your Activity Book? *Let client get to the page.*


**Homework #1: Medications**

- OK, let's start with your medicines and how you did with them that first week.
- Let's start with Day 1. Did you take all of your diabetes medication on Day 1?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Now, let's talk about how you did with your medicines during the second week. On Day 1 of the second week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:


		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Let's continue with the third week. On Day 1 of the third week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No




Finally, let's talk about how you did with your diabetes medication during the fourth week. On Day 1 of the fourth week, did you take all of your diabetes medication?

**Continue with Days 2 through 7 before stopping to discuss.**

- For each day, check "Yes" or "No."
- For each day, ask client if they took their diabetes medicine, even if their blood sugar was normal. Praise them for every "yes"
- If they didn't take their diabetes medicine every day, discuss what happened. Avoid being judgmental.
  - Reassure client that taking medicine every day the way the doctor prescribed is hard for a lot of people. Tell them that you will work together to develop a plan for this week to help them take the medicine every day.
  - Write down what happened in the box below.

Notes:

		<b>Took all my medications?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If your client took 1) their diabetes medication every day as directed in the past four weeks and 2) has successfully overcome all of the diabetes medication barriers identified at the beginning of the program:*

- *Praise profusely! Tell them to keep up the great work by continuing to take their medications every day as directed.*
- *Then, go to page 150 and continue with **Homework #2, Healthy Eating**.*

*If your client was not able to take their diabetes medication every day as directed in the past four weeks:*

- *Stay on **page 148** in your manual and continue with setting a diabetes medication goal. Since this is the last session, you will not record their goal in the Client Plan Book.*
- *Then, go on with the rest of the session.*

*If your client took their diabetes medication every day as directed in the past four weeks, but still has diabetes medication barriers that haven't been addressed:*

- *Go to **page 149** in your manual and continue with setting a diabetes medication goal. Since this is the last session, you will not record their goal in the Client Plan Book.*
- *Then, go on with the rest of the session.*

- Now, I'd like to follow up on the plan that we made at our last session to help you get the most out of your diabetes medications by taking them every day.
- Last time we talked, the issue you wanted to work on was... [*go to Client Plan Book and read out loud the diabetes medication issue that they chose to work on last time*].
- To overcome this issue, you decided to... [*read out loud the medication-taking plan from last time*].
  - You thought that it might be hard for you to carry out this plan, because... [*read potential barriers*].
  - To go around the problem, you decided to... [*read how client decided to go around potential barriers*].
- Now, how did it go? *Listen supportively and take notes in the box below. Assess how well this worked. If it did not work well, talk about why not. If it did go well, praise them.*

*Notes:*

- OK, even though the program is over today, you can continue setting goals for yourself to continue taking your medications every day. So, what would you like to do next to help you get the most out of your medications?

- ***If their plan worked and last session's issue is resolved, encourage them to tackle a new issue this week. If you try hard and they don't want to tackle another issue and they took their medicine each day, try this:***
  - *Go back to the Client Plan Book.*
  - *If there are remaining issues related to side effects or cost, then help the client make a plan to address them this week.*
  - *If there are no remaining issues related to side effects or cost, look at the list of statements that are marked "Very Often" (or "Often" if there are no "Very Often" statements to address, and "Sometimes" if there are no "Often" statements to address).*
    - *Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*"OK, let me see if I got this straight. Last week, you ... [repeat last week's goal]. You did well with that, so this week, you'll ... [repeat this week's goal]. Did I get that right?"*
- ***If they were not able to meet their medication goal, then let them stick to the same goal.***
  - *Be supportive, and let them know you'll revisit the goal next week to see how it went this time.*
  - *Strategize what they will do differently this week to succeed. Make sure it is a SMART goal.*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- OK, let's review that. It looks like you'll... *repeat the new medication goal. Then, review potential barriers and how client will go around those barriers. Let client confirm.*
- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down barriers in the left column in the box below.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write those solutions in the right column in the box below.*
- This is a great plan!

**Homework #2: Healthy Eating**

OK, let's talk about how your healthy eating went during the first week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the second week, were you able to take another step to eat more healthy?

**Week 1**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 1<sup>st</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
  - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*

*New healthy eating goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the second week. How did it go on Day 1 of the second week? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the third week, were you able to take another step to eat more healthy?

**Week 2**

		<b>Ate healthy?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 2<sup>nd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*New healthy eating goal for 3<sup>rd</sup> week, if client increased goal:*

OK, let's talk about how your healthy eating went during the third week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

Great! Now, during the fourth week, were you able to take another step to eat more healthy?

**Week 3**

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - Did not evaluate goal after 3<sup>rd</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*New healthy eating goal for 4<sup>th</sup> week, if client increased goal:*

OK, let's take a look at how you did with healthy eating during the fourth week. How did it go on Day 1? *For each day, check "yes" or "no" for the Healthy Eating column.*

**Week 4**

		<i>Ate healthy?</i>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 2</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 3</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 4</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 5</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Day 7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Great! Now, the last time we made a plan to help you eat healthy every day, you planned to... *[go to Client Plan Book and read out loud the healthy eating goal the client chose to work on last time].*

You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*

To go around the problem, you decided to... *[read how client decided to go around potential barriers].*

Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*

During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*

During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*

During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*



OK, even though the program is over today, you can continue setting goals for yourself to continue eating healthy every day. So, what would you like to do next to eat healthy?

- *If they met their healthy eating goal,*
  - *Explore if they are ready to add another goal this week. Ask them to turn to page 6 in their Activity Book and look at the chart. Help them decide which new goal they would like to add for the coming week.*
  - *Summarize to confirm their new goal. For example, you could say:*  
*“OK, let me see if I got this straight. Last week, you ... [repeat last week’s goal]. You did well with that, so now you’d like to add another healthy eating goal. So, this week, you’ll ... [repeat this week’s goal]. Did I get that right?”*
- *If they were not able to meet their healthy eating goal,*
  - *Let client stick to the same eating goal, but be sure to modify the plan if needed.*

OK, let’s think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*

OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*

This is a great plan!

**Homework #3: Physical Activity**

Now, let’s talk about how your exercise went during the first week. How much exercise were you able to do on Day 1? *For each day, write down number of minutes.*

Great! Now, during the second week, were you able to take another step to become more physically active?

**Week 1**

	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	minutes
<b>Day 2</b>	minutes
<b>Day 3</b>	minutes
<b>Day 4</b>	minutes
<b>Day 5</b>	minutes
<b>Day 6</b>	minutes
<b>Day 7</b>	minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
    - Did not evaluate goal after 1<sup>st</sup> week*
    - Evaluated goal after 1<sup>st</sup> week, did not increase goal for 2<sup>nd</sup> week*
    - Evaluated goal after 1<sup>st</sup> week, increased goal for 2<sup>nd</sup> week*
- Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with exercise during the second week. How did it go on Day 1 of the second week? *For each day, write down number of minutes.*

Great! Now, during the third week, were you able to take another step to become more physically active?

**Week 2**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 2<sup>nd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, did not increase goal for 3<sup>rd</sup> week*
  - *Evaluated goal after 2<sup>nd</sup> week, increased goal for 3<sup>rd</sup> week*

*Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

OK, let's take a look at how you did with exercise during the third week. How did it go on Day 1 of the third week? *For each day, write down number of minutes.*

Great! Now, during the fourth week, were you able to take another step to become more physically active

**Week 3**

		<b>Exercise minutes</b>
<b>Day 1 (today)</b>		minutes
<b>Day 2</b>		minutes
<b>Day 3</b>		minutes
<b>Day 4</b>		minutes
<b>Day 5</b>		minutes
<b>Day 6</b>		minutes
<b>Day 7</b>		minutes

- *Discuss how this went and provide encouragement and praise. If client was not able to take another step, discuss together what happened. Check the correct box below:*
  - *Did not evaluate goal after 3<sup>rd</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, did not increase goal for 4<sup>th</sup> week*
  - *Evaluated goal after 3<sup>rd</sup> week, increased goal for 4<sup>th</sup> week*

*Notes and new exercise goal for 2<sup>nd</sup> week, if client increased goal:*

- OK, let's take a look at how you did with exercise during the fourth week. How did it go on Day 1 of the fourth week? *For each day, write down number of minutes.*

Week 4	
	 <b>Exercise minutes</b>
<b>Day 1 (today)</b>	minutes
<b>Day 2</b>	minutes
<b>Day 3</b>	minutes
<b>Day 4</b>	minutes
<b>Day 5</b>	minutes
<b>Day 6</b>	minutes
<b>Day 7</b>	minutes

- Great! Now, the last time we made a plan to help you exercise every day, you planned to... *[go to Client Plan Book and read out loud the exercise goal the client chose to work on last time].*
- You thought that it might be hard for you to carry out this plan, because... *[read potential barriers].*
- To go around the problem, you decided to... *[read how client decided to go around potential barriers].*
- Now, during the first week, you were able to... *[based on what client told you about Week 1, describe what happened].*
- During the second week, you were able to... *[based on what client told you about Week 2, describe what happened].*
- During the third week, you were able to... *[based on what client told you about Week 3, describe what happened].*
- During the fourth week, you were able to... *[based on what client told you about Week 4, describe what happened].*

- OK, even though the program is over today, you can continue setting goals for yourself to continue being physically active. So, what would you like to do next for exercise?

- *If they met their goal and were doing less than 30 minutes per day, 5 days per week, then explore if they are ready to add another 5 minutes.*
  - *If they are not comfortable with immediately advancing the goal, let them stick to the same goal. Remind them that the eventual goal is 30 minutes per day.*
- *If they were not able to meet their goal,*
  - *Let client stick to the same goal, but be sure to modify the plan if needed.*
- *Summarize. For example, say: OK, let me see if I got this straight. Last week, you [repeat last week's goal], and you did pretty well with that, so now you'd like to add another 5 minutes each day. That means that, this week, you'd like to [repeat this week's goal]. Did I get that right?*

- OK, let's think about how hard this may be to do. What are some things that might make it hard for you to carry out this plan? *Write down potential barriers.*
- OK, what do you think you can do to overcome these things? *Help clients think of possible solutions to these barriers, and write down those solutions.*
- This is a great plan!

*If you and your client talked about high blood pressure during the previous session:*

- *Go to **Homework #4: High Blood Pressure** on page 156 in your manual.*
- *Once you're finished, continue with the session on page 157.*

*If you and your client talked about high cholesterol during the previous session:*

- *Go to **Homework #5: High Cholesterol** on page 156 in your manual.*
- *Once you're finished, continue with the session on page 157.*

*If you and your client talked about high blood pressure and high cholesterol during the previous session:*

- *Go to **Homework #4: High Blood Pressure** on page 156 in your manual.*
- *Then, continue on to **Homework #5: High Cholesterol** on the same page.*
- *Once you're finished, continue with the session on page 157.*

*If your client's blood pressure and cholesterol were under control and you didn't set goals during the previous session, then continue with the session on **page 157** in your manual.*

**Homework #4: High Blood Pressure (only if client is on medicine for high blood pressure or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high blood pressure.
- Last week, you wanted to... *[review your notes from page 142 in your manual]*.
- Now, how did it go?

- *Listen supportively and praise client's effort in the past week.*
- *Encourage client to continue working with their doctor to control their blood pressure.*
- *If they are taking medication for their blood pressure, tell them that the strategies they have used to take their diabetes medication can also help them take their blood pressure medication.*
- *If needed, remind client that controlling blood pressure is important for reducing their chances of developing serious illnesses such as heart attack, stroke, dialysis, and blindness. Medications can help them live longer and stay independent by lowering their risk for such health problems.*

Notes:

**Homework #5: High Cholesterol Plan (only if client is on medicine for high cholesterol or should have talked to doctor about starting treatment)**

- Now, I'd like to follow up on the talk we had last time about your high cholesterol.
- Last week, you wanted to... *[review your notes from page 142 in your manual]*.
- Now, how did it go?

- *Listen supportively and praise client's effort in the past week.*
- *Encourage client to continue working with their doctor to control their cholesterol.*
- *If they are taking medication for their cholesterol, tell them that the strategies they have used to take their diabetes medication can also help them take their cholesterol medication.*
- *If needed, remind client that controlling cholesterol is important for reducing their chances of developing serious illnesses such as heart attack and stroke. Medications can help them live longer and stay independent by lowering their risk for such health problems.*

Notes:



**Homework and Wrapping Up** -----□

- You have been doing a wonderful job with the three-legged stool! And keeping track of your progress is very helpful for seeing how well you're doing with this.
- I know that we talked a few sessions ago about how eating healthy, being physically active, and taking your medications are helping you right now *and* helping you stay well so that you can achieve your goals down the line. Have you thought any more about that since we talked? *If needed, share with client your own day-to-day efforts to live a healthy, active life and how that effort is paying off now, because you are able to do the things that you need to do right now, and paying off later, because you will be able to accomplish things that matter to you and be there for important events in the future.*
- I just want to tell you I'm so proud of the great work you have done in this program.
- Now that you have completed the program, you'll be in charge of your own homework from here on out!
- You can continue to use the Activity Book if you find it helpful.
- Also, research has shown that monitoring yourself, like the way you've been keeping track of your homework, can help you improve more than if you don't monitor yourself.
- If you turn to page 32 in your Activity Book, you can see that there are a lot more pages for you to use if you want to keep track of your homework.
- Now that you know what to do, you can monitor on your own.
- Also, your Health Buddy can help you with this, much like I did.
- Now, you may stop keeping track of your homework and find yourself not taking care of your three-legged stool.
- If that happens, then it may be helpful to keep track of your healthy eating, physical activity, and medications every day, just like you did during the program.
- Don't forget to reach out to your doctor if you have trouble taking care of any part of the three-legged stool, especially if you have trouble with your medications.
- Just remember that taking care of the three-legged stool will help you live well *now* and live well *in the future*, so that you can accomplish things that are important to you, like *[repeat long-term goals from page 3 in the Client Plan Book]*.
- Now, the study staff will be in touch to talk with you again within the next month.
- Do you have any questions? *Give client chance to ask questions.*
- I hope this program has helped you. It's been a pleasure to work with you!

<input checked="" type="checkbox"/> Check In completed	_____ / _____ / _____ <i>month                      day                      year</i>	_____ / _____ <i>start time                      end time</i>	_____ <i>peer initials</i>
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# **Peer Advisor's Program Tools (Client Plan Book)**

## Living Well with Diabetes – Client Plan Book

<b>Client Name:</b>	<b>Peer Advisor Name:</b>
<b>Notes:</b>	

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## Client A1c, Blood Pressure, and Cholesterol

----- <b>A1C</b> <i>(average blood sugar over three months)</i> -----	
<b>Today's A1c</b>	<input type="checkbox"/> <b>7 or Less</b> <b>Great Control</b>
	<input type="checkbox"/> <b>7 – 7.9</b> <b>Okay, not perfect</b>
	<input type="checkbox"/> <b>8 – 8.9</b> <b>Cause for concern</b>
	<input type="checkbox"/> <b>9 or higher</b> <b>Bigger cause for concern</b>

----- <b>Blood Pressure</b> -----		
<b>Today's Blood Pressure</b>	<input type="checkbox"/> <b>Less than 120/80</b> <b>Normal</b>	<b>Take medication for blood pressure?</b>  <input type="checkbox"/> Yes-Listed on page 19 <input type="checkbox"/> No
	<input type="checkbox"/> <b>Less than 140/90</b> <b>Our goal</b>	
	<input type="checkbox"/> <b>140/90 or higher</b> <b>High-talk to doctor</b>	

----- <b>Cholesterol</b> <i>LDL Cholesterol (Bad cholesterol)</i> -----		
<b>Today's LDL Cholesterol</b>	<input type="checkbox"/> <b>Less than 100</b> <b>Okay</b>	<b>Take medication for cholesterol?</b>  <input type="checkbox"/> Yes-Listed on page 23 <input type="checkbox"/> No
	<input type="checkbox"/> <b>100 or higher</b> <b>High talk to doctor</b>	

## Client Long-Term Goals

-----**Long-Term Goals**-----

Diabetes Medication Name	Dose, Frequency , and Other Instructions	Taking as Prescribed?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	



### Plan for Diabetes Medication Side Effects and/or Cost

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

**Plan for Diabetes Medication Side Effects and/or Cost (Continued – page 2)**

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

**Plan for Diabetes Medication Side Effects and/or Cost (Continued – page 3)**

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

## Diabetes Medications – Other Barriers

	Never	Rarely	Sometimes	Often	Very often
I just forget to take my diabetes medicine.	1	2	3	4	5
I forgot to fill my diabetes prescription in time.	1	2	3	4	5
I don't know what dose of my diabetes medicine to take.	1	2	3	4	5
I'm not sure exactly what each medicine is for.	1	2	3	4	5
There are too many doses of my diabetes medicine to take each day	1	2	3	4	5
It's too hard to keep track of what I am supposed to take when.	1	2	3	4	5
My diabetes medicine are unpleasant to take.	1	2	3	4	5
I have heard about side effects from diabetes medicines that I am afraid I might get.	1	2	3	4	5
Getting to the pharmacy to pick up my diabetes medicine is difficult.	1	2	3	4	5
The pharmacy could not fill my diabetes prescription.	1	2	3	4	5
My doctor or nurse forgot to write a new diabetes prescription.	1	2	3	4	5
I ran out of diabetes medication before I could call or visit my doctor or nurse.	1	2	3	4	5
I don't have enough time to talk with my doctor or nurse about problems I am having with my diabetes medicines.	1	2	3	4	5
I sometimes forget to ask my doctor or nurse about problems that I am having with my diabetes medicines.	1	2	3	4	5
I don't feel my diabetes medicines are helping me.	1	2	3	4	5
I just don't like taking medicines in general.	1	2	3	4	5
Taking diabetes medicines makes my health worse.	1	2	3	4	5
I sometimes find it hard to ask my doctor or nurse questions about my diabetes medications.	1	2	3	4	5
If my blood sugar is normal in the morning, I don't take my diabetes medications.	1	2	3	4	5

## Plan for Other Diabetes Medication Barriers

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):

## Plan for Other Diabetes Medication Barriers (Continued – page 2)

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):



### Plan for Other Diabetes Medication Barriers (Continued – page 3)

Date of plan (mm/dd/yy):

Issue:

Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):

Potential barrier(s) to carrying out this plan:

What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):

Issue:

Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):

Potential barrier(s) to carrying out this plan:

What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):

Issue:

Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):

Potential barrier(s) to carrying out this plan:

What client will do instead, or get around barrier(s):

## Client Healthy Eating Assessment

*Note: If yesterday was an unusual day (for example, they were traveling), then ask client to think back to the last normal day and what they ate then.*

	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	<i>Snack</i>	<i>Total</i>	<i>Goal</i>
Number of second helpings of meat or starch						0
Number of fruits						3-4
Number of vegetables						3-4
Number of sugar-sweetened drinks						0
Number of desserts						0-1
Number of servings of fried foods						0

## Plan for Healthy Eating

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

## Plan for Healthy Eating (Continued – page 2)

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

### Plan for Healthy Eating (Continued – page 3)

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

Date of plan (mm/dd/yy):

Write down the strategy that the client wants to try to improve their healthy eating. Make sure it's a SMART goal (specific, measurable, achievable, relevant, and time-bound):

Meal(s) of the day:

Days of the week:

Potential barrier(s) to carrying out this plan:

What client will do instead to get around barrier(s):

## Plan for Physical Activity

Date of plan (mm/dd/yy):	Current exercise (what is it and how much):	
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Current exercise (what is it and how much):	
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):	Current exercise (what is it and how much):	
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	



## Plan for Physical Activity (Continued – page 2)

Date of plan (mm/dd/yy):		
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):		
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):		
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

### Plan for Physical Activity (Continued – page 3)

Date of plan (mm/dd/yy):		
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):		
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Date of plan (mm/dd/yy):		
What client will do this week:	Where client will do it:	
When during the day:	How many minutes each time:	Which days of the week:
Potential barrier(s) to carrying out this plan:	What client will do instead to get around barrier(s):	

Blood Pressure Medication Name	Dose, Frequency , and Other Instructions	Taking as Prescribed?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	

**Plan for Blood Pressure – Not taking any, or Missing doses due to side effects or cost**

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

## Plan for Blood Pressure Medications – No Issues with Side Effects or Cost, but Not Taking Medicine Correctly

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

## Plan for Blood Pressure – Taking Correctly, but Blood Pressure Still High

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	



Cholesterol Medication Name	Dose, Frequency , and Other Instructions	Taking as Prescribed?	
1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	
4.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side effects?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what's the side effect?  Is the side effect causing missed doses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is medicine affordable?    Yes <input type="checkbox"/> No <input type="checkbox"/>  Notes:	Notes:	

### Plan for Cholesterol – Not taking any, or Missing doses due to side effects or cost

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

## Plan for Cholesterol Medications – No Issues with Side Effects or Cost, but Not Taking Medicine Correctly

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

Date of plan (mm/dd/yy):	Issue:
Write down the strategy that the client wants to try to overcome the issue. Make sure it's a SMART plan (specific, measurable, achievable, relevant, and time-bound):	
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):

## Plan for Cholesterol Medicine – Taking Correctly, but Cholesterol Still High

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

Date of plan (mm/dd/yy):	Who is calling the doctor:	When (day and time):
What the client will say to the doctor:		
Potential barrier(s) to carrying out this plan:	What client will do instead, or get around barrier(s):	

***Examples of strategies to overcome each medication barrier:***

1. I just forget to take them:	weekly pill box, take them at the same time each day (breakfast, brushing teeth, etc.), put a reminder on the fridge; if traveling the next day, place pills in a pouch or zip lock bag in your purse or your jacket the night before
2. I forgot to fill my prescription in time:	ask the pharmacist if they can call you when it's time, ask for a 90-day supply, ask pharmacy if they have an automatic reminder program that can call you or send you a text, ask a family member to keep track of your refill date with you; ask family member to pick the medicine up for you if you can't
3. I don't know what dose to take:	have the client read the label to you and go over how to take it; if needed, call the doctor together to clarify
4. I'm not sure exactly what each medicine is for:	go over the medicine together with the client; using the list of medicines in the back of your manual, let them know what the medicine is for
5. There are too many doses to take each day:	go over the dosing schedule (see below box of common misunderstandings); if needed, call the doctor to see if there is another option that has fewer doses per day; if there are no other options, consider pill boxes that have multiple doses per day and tie the medicine to a routine (meals, brushing teeth, etc.)
6. It's too hard to keep track of what I am supposed to take when:	pill box that you fill once per week; go over the list with the client and make sure they understand how to take each one; use color-coding to know which medications to take (example: put a red sticker on all medicines you're supposed to take in the morning, put a blue sticker on all the medicines you're supposed to take in the evening; put both red and blue stickers on the pill bottle if you're supposed to take it both AM and PM)
7. They are unpleasant to take:	take with a strongly flavored drink, drink a lot of water; if having trouble swallowing a pill, check with doctor to see if it's okay to crush it up in Jell-O or applesauce; think of a future goal right before you take the medicine
8. I can't afford them	Ask the pharmacist for generics or what may be cheaper and then ask him to call the doctor, apply for free medications from the drug company
9. My medicines make me feel bad or have side effects I don't like.	Talk to the doctor about cutting back the dose, or switching to a cheaper medicine
10. I have heard about side effects that I am afraid I might get	Talk to the pharmacist about how often people get the side effect you are afraid of, not everyone gets side effects, it's possible the side effects you heard about are not true – there are a lot of rumors and misinformation  -Reassured client that everyone is different and not everyone has side effects; always useful to provide a real world example  -All medicines have side effects/ make sure client is correctly taking the

	<p>medication (ex: eating food with medications)</p> <p>-Reassure the client. Talk through the symptoms of the side effect with the client. Tell the client to talk to their pharmacist and doctor if they experience any of the side effects</p>
11. Getting to the pharmacy to pick them up is difficult	Ask for a 90 day supply, ask a friend or family member for help, plan ahead, use a mail-order pharmacy
12. The pharmacy could not fill my prescription	Call the pharmacy and find out why – could be they were temporarily out of stock, prescription expired and doctor has to renew (by law, prescriptions are only filled for 1 year no matter how many refills are ordered)
13. My doctor or nurse forgot to write a new prescription	Call the doctor and ask them to phone it in to the pharmacy
14. I ran out of medication before I could call or visit my doctor or nurse	Plan ahead, ask the pharmacy to set up regular calls before you run out, you can call the doctor the same day and they will call the pharmacy that day, use a calendar
15. I don't have enough time to talk with my doctor or nurse about problems I am having with my medicines.	<p>Tell the doctor anyway, start with this problem at your next visit (they always ask how you are), write things down and show the list to the nurse, bring a younger friend or family member who can help you to get your problems heard</p> <p>-Leave a note with the receptionist and nurse to have a doctor call you</p> <p>-The night before, write down your questions</p> <p>-prioritize items on the list / questions so that the most important ones are covered during visit.</p>
16. I sometimes forget to ask my doctor or nurse about problems that I am having with my medicines.	Write it down ahead of the visit, bring the list, bring a friend or family member
17. I don't feel my medicines are helping me	<p>Learn what the medicine is and is not supposed to do (this program), realize that even if the medicine is not controlling your sugar it would be even worse off the medicine, the medicines mostly prevent long-term complications so it can be hard to know if they are helping without talking to the doctor</p> <p>-Talk to the doctor or nurse or pharmacy, this depends on the client</p> <p>-Get the pharmacist's opinion</p> <p>-Talk to them and see if they feel better now than before they started, (may have felt bad before the doctor started on the medication and after they started the meds they felt better).</p>
18. I just don't like taking	Most people don't like taking medicine so you're not alone, years ago



<p>medicine in general.</p>	<p>people didn't have these options and complications were a lot more common, want to avoid complications, think positive thoughts about you long-term goal and that the medicine will help you get there alive and well</p> <ul style="list-style-type: none"> <li>-Talk about what the client wants to accomplish? Talk about why they want to accomplish this</li> <li>- emphasis the positive benefits – such as living as long as you can, as well as you can</li> <li>- provide your personal story as an example – say if you didn't like taking medications and why; and what lead you to believe that medications were needed.</li> </ul>
<p>19. Taking medicines makes my health worse</p>	<p>Ask the doctor for a different medicine to minimize side effects, there are a lot of different options available nowadays, although you may have side effects the medicine is lowering your risks of bad things like stroke or dialysis</p> <ul style="list-style-type: none"> <li>-Cost-benefit comparison</li> <li>-Discussing your numbers with your doctor and relationship with medicines</li> <li>-Talk to your doctor about alternating medications</li> <li>-How and what way does the medicine make health worse, severity of the side effects</li> <li>-Finding a medicine that works for you → work with you</li> <li>-Have a notebook to keep all of your documents</li> </ul>
<p>20. I sometimes find it hard to ask my doctor or nurse questions about my medications</p>	<p>Write it down, practice at home, take a friend/family member with you</p>

# **Participant Material (Activity Book)**



# *Participant* **Activity Book**

Welcome to the Living Well Research Study!

*Please keep this Activity Book with your DVD player in a safe place!*

My Peer Advisor's Name Is:

My Peer Advisor's Phone Numbers Are:

**Do you have questions? Call...**

Living Well Study's Birmingham Contact:

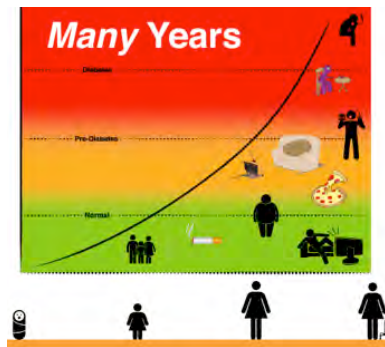
Living Well Study's Local Contact:



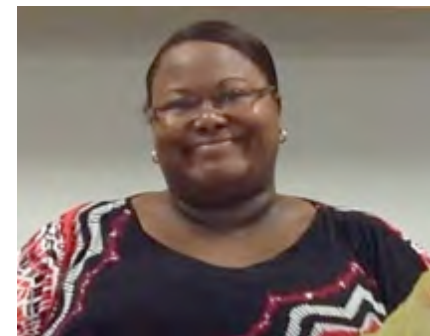
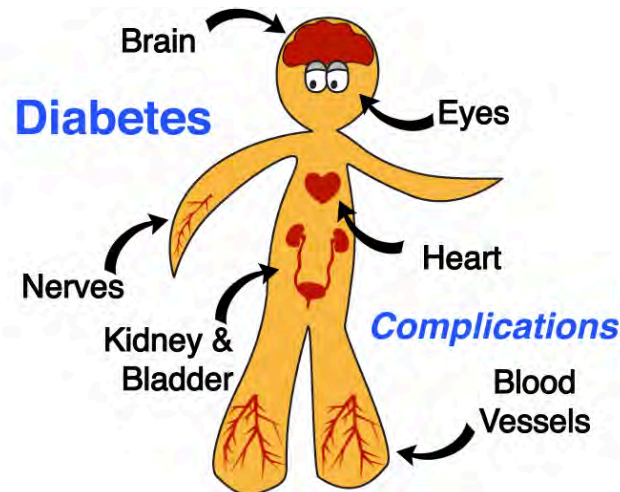
### In Today's Session

- Learn about the Living Well with Diabetes Program
- Review Video 1, "Introduction to Living Well with Diabetes Program"
- Learn about diabetes basics

### DVD Review



- A** → A1c, blood sugar levels
- B** → Blood Pressure
- C** → Cholesterol
- D** → Diet
- E** → Exercise



**Sheree's Story**

## Program Schedule

Month 1	Session 1: Introduction to Living Well with Diabetes (Today!)
	Session 2: Healthy Eating Strategies
	Session 3: Physical Activity and Your Health
	Session 4: Diabetes Medications
Month 2	Session 5: Blood Pressure & Cholesterol Medications
	Session 6: Stress and Living Well with Diabetes
	Check-in
	Session 7: Planning for the Future – Part 1
Month 3	No session this week
	Check-in
	No session this week
	Session 8: Planning for the Future – Part 2
Month 4	No session this week
	No session this week
	No session this week
	Session 9: Monitoring Our Progress
Month 5	No session this week
	No session this week
	No session this week
	Session 10: Monitoring Our Progress
Month 6	No session this week
	No session this week
	No session this week
	Session 11: Final Session

## Rules & Responsibilities

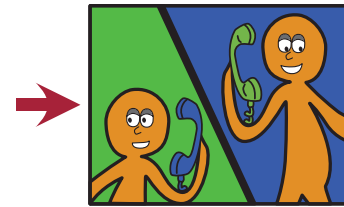
### My Rules

- Be on time!
- Tell me if you are not feeling well.
- Participate actively.
- Practice everyday.
- Watch the videos.
- Tell me if you have concerns.

### My Peer Advisors Rules

- Be on time!
- Call you regularly during the program.
- Help you learn.
- Listen.

Before every call,  
**Watch the Video**



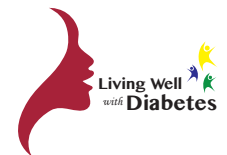
After every call,  
**Homework & Practice**



I **commit** to the

**Living Well with Diabetes** Program!

*Sign Here*





# This Week's Homework

	 Took My <b>Diabetes Medications?</b>	
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>



- I carried out my **diabetes medication plan**
- I watched the **Session 2 Video on Healthy Eating** 

*My next session is:*





In Today's Session

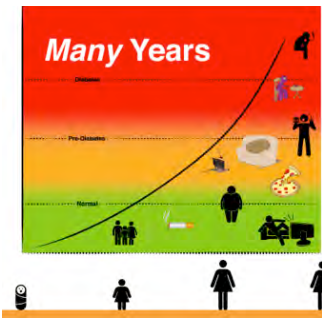
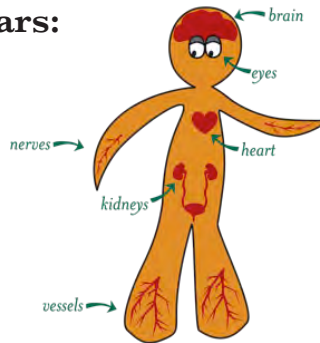
- Review last week's session
- Learn more about healthy eating strategies to live well with diabetes
- Review Video 2 "Healthy Eating Strategies"
- Review what you ate in a day
- Make a plan to eat healthier
- Review your homework
- Work more on taking your medicines



30 - 45

Last Session Review

- **Diabetes: body can't handle blood sugar**
- **Uncontrolled diabetes causes high blood sugar**
- **Uncontrolled diabetes over many years:**
  - *heart attack, heart failure*
  - *stroke*
  - *kidney problems, dialysis*
  - *eye problems, blindness*
  - *nerve damage, numbness, impotence*
  - *amputation*



**In Most People:**  
**Diabetes develops over *many years*.**  
**Diabetes won't go away.**

- A** → A1c, blood sugar levels
- B** → Blood Pressure
- C** → Cholesterol
- D** → Diet
- E** → Exercise

**Taking care of diabetes** – lots we can do to reduce our chances of getting health problems from diabetes ("diabetes complications")

- *Eat healthy*
- *Get enough exercise*
- *Take medications as prescribed*
- *Go to the doctor regularly for check-ups*





**Remember the 3 Rules for Healthy Eating:**



**One and Done**



*One and Done.*  
Avoid 2<sup>nd</sup> Helpings

**Respect the Border**



*Respect the Border*  
Eat Healthy  
Portions of Food

**Be Sweet on Yourself**



*Be Sweet on Yourself*  
Eat less fried foods  
and drink fewer sugar-  
sweetened beverages

**What did I eat in the past day?**

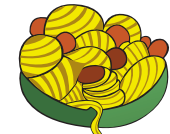
	ME	Goal
Number of 2 <sup>nd</sup> Helpings of Meat or Starch		0
Number of Fruits		3 - 4
Number of Vegetables		3 - 4
Number of Sugar-Sweetened Drinks		0
Number of Desserts		0 -1
Number of Servings of Fried Foods		0

### My Goal Is

*Some examples of starchy foods are...*



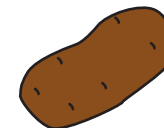
Rice



Pasta



Bread





Potato




Corn



# This Week's Homework

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I watched the **Session 3 Video** 

*My next session is:*



**One and Done!**



**Respect the border!**



**Be Sweet on Yourself!**



**Portion Sizes**



**Avoid 2nd Helpings**





# Healthy Grocery Shopping at the Dollar Store

## $\frac{1}{4}$ = Protein

- Canned tuna (*canned in water, not oil*)
- Milk (*choose skim or non-fat milk*)
- Eggs (*try scrambling, poaching, boiling*)
- Cheese
- Beans
- Spam
- Low-salt nuts



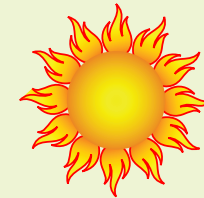
## $\frac{1}{4}$ = Starch

- Whole-wheat bread (*even white bread is okay if you eat the correct portion!*)
- Starchy vegetables (*like potatoes, corn, peas, yams*)
- Grits
- Rice
- Noodles and Pasta
- Oatmeal (*Instant oatmeal is often sweetened with sugar, so look for regular oatmeal: it's cheaper & lasts longer!*)
- Cereal



## $\frac{1}{2}$ = Fruits & Veggies

- Dried fruits
- Canned vegetables (*look for low salt options, rinse salt off*)
- Canned fruit (*look for fruit canned in water, rinse with water fruit canned in sugary syrups*)



## Fresh Fruits & Veggies

During the summer, check outside for a produce stand.

**Fresh fruits and vegetables are much tastier than canned!**



## Before You Go Shopping!

- **Make a plan.** Think about what you need to buy so you can make healthy choices for breakfast, lunch, dinner, and snacks.
- The stock at the Dollar Store can change often, so **make a list of the categories of food** you need, not specific foods. (*For example, list "dried fruit", not "dried apricots"*)
- **Don't go shopping when you are hungry!**

## Snack Options

- Dried fruits and nuts (*Look for low salt options. Try to wipe off as much salt as possible if you can't find low salt options.*)
- Baked chips, not fried (*remember to eat the correct portion!*)
- Water is the best drink option! (*If you want soda, get the bottles with a cap. Drink half a cup and save the rest for later.*)



## In Today's Session

- Review last week's session
- Learn more about getting physical activity to live well with diabetes
- Review Video 3, "Physical Activity and Your Health"
- Develop a plan to get more exercise
- Review progress on healthy eating
- Review homework
- Work more on taking your medicines



## Last Session Review

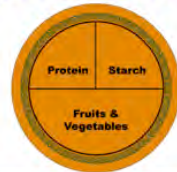
### Remember the 3 Rules for Healthy Eating:

#### One and Done



**One and Done.**  
Avoid 2<sup>nd</sup> Helpings

#### Respect the Border



**Respect the Border**  
Eat Healthy  
Portions of Food

#### Be Sweet on Yourself



**Be Sweet on Yourself**  
Eat less fried foods  
and drink fewer sugar-  
sweetened beverages





# Remember the 3 Rules for Physical Activity

Rule 1

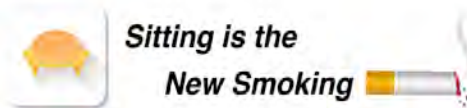


Feel Better  
Think Better  
Live Better

Rule 2



Rule 3



**Recommended:**  
30 minutes of brisk walking  
on 5 or more days per week

My Exercise Goal Is:






**Small Changes  
Big Benefits!**





# This Week's Homework

	 Took My <b>Diabetes Medications?</b>	 Eat Healthy?	 Exercise Minutes?
Day 1 <i>(today)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>

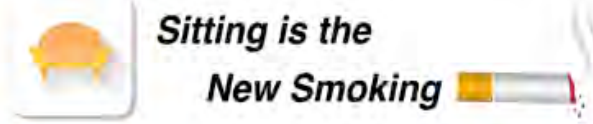
**Be Smart, Exercise Your Heart**



**Walk Down Your Blood Sugar**



**Sitting is the New Smoking**



I carried out my **diabetes medication plan**

I carried out my **healthy eating plan**

I carried out my **exercise plan**

I watched the **Session 4 Video** 

*My next session is:*





**30**

**Minutes**



**5 or more days**

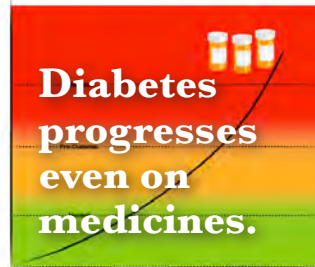


### In Today's Session

- Review last week's session
- Learn more about diabetes medicines and how they can help you live a full, active life
- Review video 4, "Diabetes Medications"
- Review homework
- Continue working on healthy eating, exercise, and taking your diabetes medicines as the doctor prescribed



Medications are **important**, **but** they are **not perfect**.



You may need a 2<sup>nd</sup> or 3<sup>rd</sup> medication, **even if you're doing everything right.**



Diabetes progresses ***much more quickly*** off medications



10 Years Shorter Life Expectancy

**Shortening your life**



stroke



heart attack



dialysis

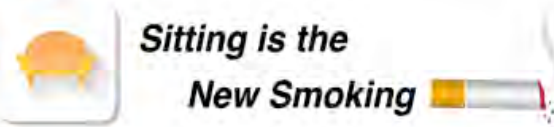


amputations

**These complications can be prevented or delayed with medications, diet, and exercise.**

### Last Session Review

Remember the **3 Rules for Physical Activity**



**Recommended:**  
30 minutes of brisk walking on 5 or more days per week



- **Many types of diabetes medications!** You should be able to get on a medication that both controls your sugar and lets you feel well.
- **Side effects can be problem**, but you should discuss with your doctor before stopping.
- **Generic drugs** work as well as brand name drugs, but generics can be more affordable.

## My Future



We all have plans for our future, or occasions we'd like to be part of.

## Are my diabetes medicines working for me?

— **A1C** (Average Sugar Control over the last 3 months) —

<input type="checkbox"/>	<b>Great control</b>	<b>Less than 7</b>
<input type="checkbox"/>	<b>Ok, not perfect</b>	<b>7.0 ↔ 7.9</b>
<input type="checkbox"/>	<b>Cause for concern</b>	<b>8.0 ↔ 8.9</b>
<input type="checkbox"/>	<b>Bigger cause for concern</b>	<b>&gt; 9.0</b>



## This Week's Homework

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**
- I watched the **Session 5 Video**

*My next session is:*



Remember!



## In Today's Session

- Review last week's session
- Learn more about blood pressure and cholesterol medicines and how they can help you live a full, active life
- Review Video 5, "Cholesterol and Blood Pressure Medications"
- Review homework
- Continue working on healthy eating, exercise, and taking your diabetes medicines as the doctor prescribed



## Last Session Review



### Diabetes Medications

- Control your blood sugar
- Keep you from feeling bad from high sugar



Tired



Thirsty



Run to the bathroom too much!

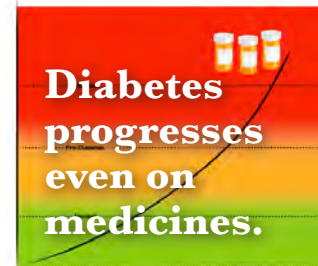
- Prevent or delay diabetes complications



Avoid

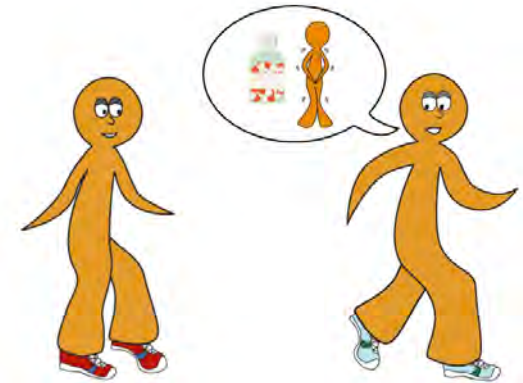
Delay

Medications are **not perfect.**



You may need a 2nd or 3rd pill, **even if you're doing everything right.**

**Diabetes progresses *much more quickly* off medications**



*Not Everyone Gets Side Effects!*



Many types of diabetes medications are available.

Work with your doctor to find a medicine that...

- *controls your sugar*
- *and lets you feel well*





↑ **140 / 90**  
 High blood pressure is a chronic disease that develops over years.

**High blood pressure causes**



**Stroke**



**Heart Attack**



**Dialysis**



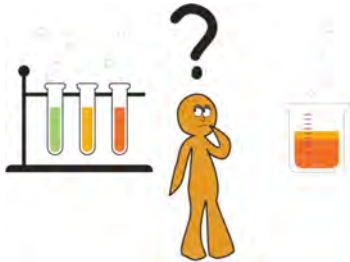
**Blindness**

**"The Silent Killer"**

115 / 74      125 / 82      160 / 112

High blood pressure often has **no symptoms.**

- Sometimes it can feel like the doctor is experimenting on you because of the many changes in dose and pills!
- One blood pressure pill may not work as well in you as in someone else, so it may take a while for you to get on the best pill for you



Many types of blood pressure medications are available.

Work with your doctor to find a medicine that...

- *controls your blood pressure*
- *and lets you feel well*

**High Cholesterol**

LDL Cholesterol → **over 100**

High cholesterol has **no symptoms.**

**High cholesterol causes**

**Stroke      Heart Attack**



**Statins**



most common medicine for high cholesterol



- **Side effects can be problem,** but you should discuss with your doctor before stopping.
- **Generic medications** work as well as brand name drugs, but generics can be more affordable.

## My Future







We all have plans for our future, or occasions we'd like to be part of.

### How is my blood pressure?

**Blood Pressure**

- Normal** Less than 120/80
- Our Goal** Less than 140/90
- High-talk to doctor** 140/90 or higher




### How is my cholesterol?


**Cholesterol** (LDL cholesterol or your "bad cholesterol")

- Okay** Less than 100
- High-talk to doctor** 100 or higher



## This Week's Homework

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1 (today)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
<b>Day 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
<b>Day 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
<b>Day 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
<b>Day 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
<b>Day 6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
<b>Day 7</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**
- I watched the **Session 6 Video** 

*My next session is:*



Remember!





### In Today's Session

- Review last week's session
- Review Video 5, "Stress and Your Health"
- Learn about stress, diabetes, and your health
- Learn how to reduce your stress
- Review homework
- Continue working on healthy eating, exercise, and taking your medicines as the doctor prescribed



30 - 45

### Last Session Review



**Important to keep blood pressure and cholesterol under control.**

#### High blood pressure causes



Stroke



Heart Attack



Dialysis



Blindness

#### High cholesterol causes



Stroke



Heart Attack



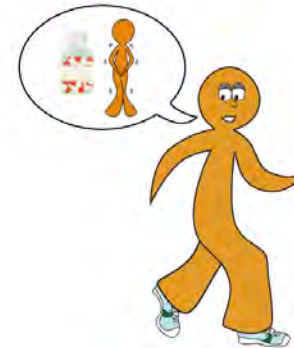
Blood pressure goal is to be **under 140 / 90**

- Normal blood pressure is 120/80
- There are many blood pressure medicines available to get your blood pressure under control, but it might take a while to get there



LDL cholesterol goal is to be **under 100**

- Most people take statins to lower cholesterol
- Most people with diabetes have high cholesterol



*Side Effects are possible with blood pressure and cholesterol medications*

- Work with your doctor to find a pill that works for you!

- **Don't Just Stop: talk to your doctor!**





# Chronic Stress



Upset stomach



Irritability



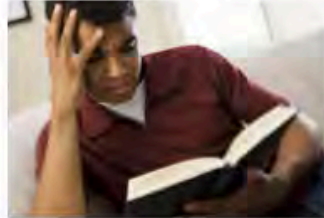
Fatigue



Worse arthritis



Trouble sleeping



No concentration

**160/100**  
145/90  
120/80

Higher blood pressure



Heart disease

## How to manage stress:

1. **Recognize** when you are stressed



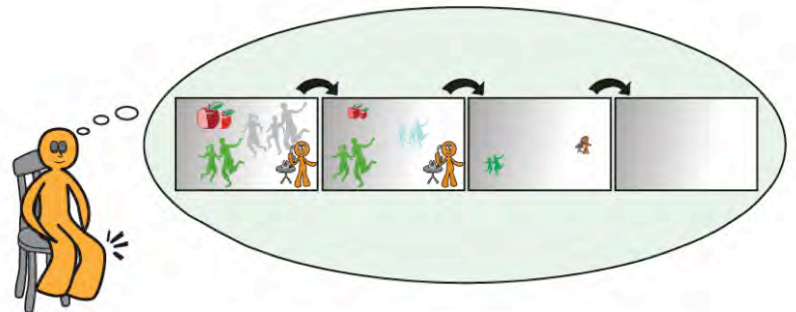
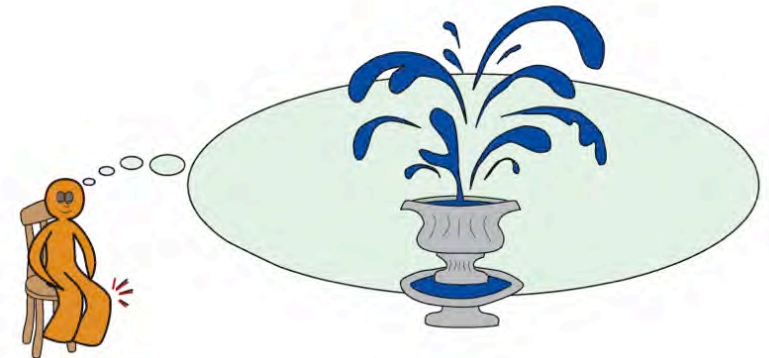
2. **Identify** the sources of stress



3. **Do healthy things** to reduce stress



## Deep Breathing Technique





## This Week's Homework

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1 <i>(today)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>



## Homework for the following week *Try to add more healthy eating and exercise!*

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**

*My call next week is:*

*Call in 2 weeks:*





**Small Changes**  
**Big Benefits!**

**In Today's Session**

- Review last session and homework
- Discuss what you have learned from this program and how activities have helped
- Think about a Health Buddy that can help you keep going when the program ends
- Continue working on healthy eating, exercise, and taking your medicines as the doctor prescribed



30 - 45

**Last Session Review**

**Chronic Stress**



stressed



Upset stomach



Irritability



Fatigue



Worse arthritis



Trouble sleeping



No concentration

**160/100**  
145/90  
120/80

Higher blood pressure



Heart disease

**Important to manage stress in healthy ways!**



1. **Recognize** when you are stressed



2. **Identify** the sources of stress



3. **Do healthy things** to reduce stress



Exercise

Deep breathing



# How is eating healthy, exercising, and taking my medications helping me?



My **blood sugar** is better



I have **lost weight**



I have **more energy**



My **mood** is better



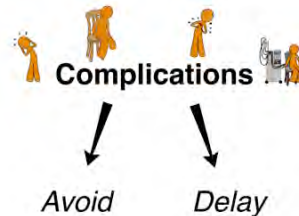
I can **take care** of my **family** better



I can do **my job** better



I can **go out** more



It is **decreasing my chances** of experiencing complications from my diabetes.

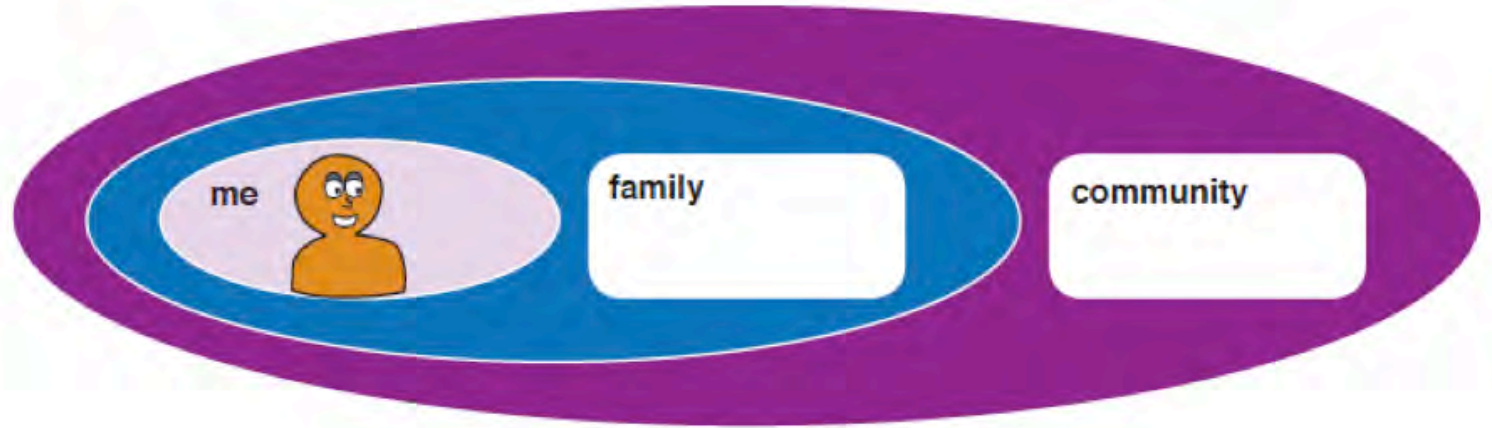


It is **increasing my chances** of being there for **important events down the road.**



# How Can I Keep Going in the Future? My Health Buddy

**Who Supports Me?**



*Name of the person that I would like to be my health buddy:*




*When I will ask them to be my health buddy:*










## Week 1

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>



## Week 2

Try to add more healthy eating and exercise!

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>





### Week 3

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 4

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**

Call in 2 weeks is:

Call in 4 weeks:



Remember!



**Small Changes**  
**Big Benefits!**

**In Today's Session**

- Review last session and homework
- Discuss what you have learned from this program and how activities have helped
- Continue working on healthy eating, exercise, and taking your medicines as the doctor prescribed



**30 - 45**

**Last Session Review**

*One and Done!*



*Respect the border!*



*Be Sweet on Yourself!*



*Be Smart,*

*Exercise*

*Your Heart*



*Walk Down Your Blood Sugar*



*Sitting is the*

*New Smoking*

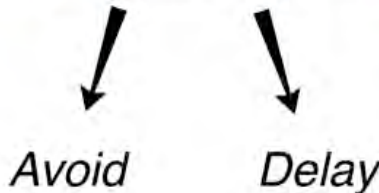


**Medications aren't perfect**

- Control your blood sugar, blood pressure, and cholesterol
- Medications help prevent or delay complications



**Complications**




- **Side effects can be problem**, but you should discuss with your doctor before stopping.
- **Generic medications** work as well as brand name drugs, but generics can be more affordable.
- **Work with your doctor** to find a pill that works for you!






## How Can I Keep Going in the Future? My Health Buddy

I want to keep going with the three-legged stool on my own!

What activities can I do with my Health Buddy to help me...






Eat Healthy?    Take medications?

Exercise?

### Homework






#### Week 1

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
Day 1 <i>(today)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>



#### Week 2

*Try to add more healthy eating and exercise!*

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>



### Week 3

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 4

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**

Call in 4 week is:



Remember!



## In Today's Session

- Review homework
- Continue working on healthy eating, exercise, and taking your medicines as the doctor prescribed



10 - 15

## Homework



### Week 1

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1 (today)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 2

*Try to add more healthy eating and exercise!*

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes





### Week 3

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 4

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**

Call in 4 week is:



Remember!

# Session 10 | Monitoring My Progress



Physical Activity



Healthy Eating



Stress Reduction

## Tools to Care for Your Diabetes

ABC's of Diabetes



Medications

### In Today's Session

- Review homework
- Continue working on healthy eating, exercise, and taking your medicines as the doctor prescribed



10 - 15

## Homework



### Week 1

	Took My Diabetes Medications?	Eat Healthy?	Exercise Minutes?
Day 1 (today)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 2

Try to add more healthy eating and exercise!

	Took My Diabetes Medications?	Eat Healthy?	Exercise Minutes?
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 3

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes



### Week 4

Try to add more healthy eating and exercise!

	Took My <b>Diabetes Medications?</b>	<b>Eat Healthy?</b>	<b>Exercise Minutes?</b>
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes

- I carried out my **diabetes medication plan**
- I carried out my **healthy eating plan**
- I carried out my **exercise plan**

Call in 4 week is:



Remember!

# Session 11 | Final Session



**Physical Activity**



**Healthy Eating**



**Stress Reduction**

**Tools to Care for Your Diabetes**




**ABC's of Diabetes**






**Medications**




## In Today's Session




- Review homework
- Continue working on healthy eating, exercise, and taking your medicines as the doctor prescribed





10 - 15




**Keep Going On Your Own!**




	 Took My <b>Diabetes Medications</b> ?	 Eat <b>Healthy</b> ?	 Exercise <b>Minutes</b> ?
Day 1 <i>(today)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>




	 Took My <b>Diabetes Medications</b> ?	 Eat <b>Healthy</b> ?	 Exercise <b>Minutes</b> ?
Day 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>
Day 7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>









	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>




	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b> <i>(today)</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>

	 Took My <b>Diabetes Medications?</b>	 <b>Eat Healthy?</b>	 <b>Exercise Minutes?</b>
<b>Day 1</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 2</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 3</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 4</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 5</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 6</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>
<b>Day 7</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<i>minutes</i>