

# Planning Your Journey



## Your Compass will help you navigate the journey to achieving individual goals and reaching program milestones.

Each program participant will have a person-centered goal for each program pillar. Goals will be reviewed and adjusted on a 2-3 week basis. When the participant achieves a milestone or goal, a new goal will be established. There is no time limit on the program, but the participant must continue to be engaged and work towards progress. If a participant does not make progress due to non-adherence to the program, they might be discontinued from the program. This will be determined by the Resident Wellness Director in collaboration with the Medical Director, family and resident.

### Onboarding Assessment:

1. How would you describe the last 6 months of your diabetes management?

- ☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor

2. In the last 3 months how many hyperglycemic episodes have occurred?

In the last 3 months how many hypoglycemic episodes have occurred?

3. Which of these would help to improve your blood sugar control?

Please check all that apply:

- ☐ Diet  
☐ Exercise  
☐ Following my Provider's Medication Orders  
☐ Preventative Screenings  
☐ Follow-up appointments with my Provider  
☐ Support Program

4. Why do you struggle to follow your Provider's Medication Orders?

- ☐ Need assistance making sure my doses are correct and taken consistently  
☐ Side effects bother me  
☐ Medications are too costly  
☐ Other? Please explain: \_\_\_\_\_

5. What lifestyle changes would help you achieve your weight goals?

Please check all that apply:

- ☐ Foods prepared for me  
☐ Fewer food choices  
☐ Learning how to make the right food choices  
☐ Support and motivation in a group setting  
☐ Identifying my goal weight  
☐ Exercises that can be modified

6. Can you list 2 symptoms of high blood sugar?

\_\_\_\_\_

7. Can you list 2 symptoms of low blood sugar?

\_\_\_\_\_

8. What can you do to help prevent each of the following?

Heart and Blood Vessel Disease \_\_\_\_\_

Kidney Disease (nephropathy) \_\_\_\_\_

Vision problems (retinopathy) \_\_\_\_\_

Nerve Damage (neuropathy) \_\_\_\_\_

9. What is your biggest challenge when managing your diabetes?

\_\_\_\_\_  
 \_\_\_\_\_

10. What is your "Why" for participating in this program?

\_\_\_\_\_  
 \_\_\_\_\_

# Goal Setting

**Resident Name:** \_\_\_\_\_

## Program Pillars for A Successful Journey:

➤ Medication management

➤ Lifestyle Management

➤ Psychosocial

➤ ADL Services

➤ Nutrition Support/Dining

➤ Preventative Health Screens

Program Pillar	Participant Centered SMART Goals Specific, Measurable, Attainable, Relevant, Time-Based	Date Goal Set	Dates Evaluated	Remarks