

DSMP PLUS DATA COLLECTION CHECKLIST

The following steps are to be completed by workshop leaders unless specified otherwise.

WORKSHOP REGISTRATION

- ☐ Register workshop on ILPTH:
 - Refer to the [ILPTH User Guide](#) for instructions.
 - Set the maximum capacity to “1” to prevent online participant registration and add “Only open to participants with a doctor referral” in the public note section.
 - Update ILPTH with any changes (e.g., dates, leaders, cancellations, etc.).
- ☐ Screen referrals and recruit participants by discussing program details.
- ☐ Register participants using your own process.

PREPARATION (1-2 WEEKS PRIOR TO WORKSHOP START DATE)

- ☐ Prepare and print workshop materials (available on the [ILPTH Leader Resource Page](#); Password: **leaders1!**)
- ☐ Send workshop reminders to participants (email, call, text).

SESSION 1: INDIVIDUAL ASSESSMENT (1-2 WEEKS PRIOR TO 1ST GROUP SESSION)

- ☐ Explain evaluation forms to participants using the [Data Collection Script](#).
- ☐ Assist participants with the [Registration Form](#), [Privacy Policy Acknowledgement](#), [Liability Waiver](#), [Insurance Authorization & Release of Information](#), [Assessment/Pre-Survey](#), and [Media Release Form](#) (if photos will be taken).
- ☐ Scan participant IDs and insurance cards.
- ☐ Provide participants with the [DSMES Order Form](#) and [Physician Cover Letter](#) (customize with your site contact info) which must be returned prior to the first group session.
- ☐ RD conducts assessments:
 - Review Pre-Survey form and create the DSMP Plan and Smart Goal with the participant using the [Intervention Tracking Form](#).
 - If assessment is virtual, the participant completes the [Pre-Survey](#) verbally with the RD.
 - RD provides the participant with the [SMART Goal Participant Sheet](#).
- ☐ RD returns the completed Intervention Tracking and Assessment forms to the leader.

SESSION 2: 1ST GROUP SESSION

- ☐ Begin Group Session 1.
 - Attendance requirement: No one is permitted to join the workshop after Week 1 Assessment.
- ☐ Follow instructions for during/after each session (detailed below).

DURING/ AFTER EACH SESSION

- ☐ Complete attendance form. Print legibly or fill in electronically.
- ☐ Record session details the [Intervention Tracking Form](#).
- ☐ Email Action Plan reminder to participants 3 days after each session.

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- ☐ Follow-up with participants who missed the session or failed to return.

SESSION 7: LAST GROUP SESSION

- ☐ Verify attendance sheet for accuracy.
- ☐ In the last 15 min of the session, participants complete the [Post-Survey](#).

SESSION 8: INDIVIDUAL FOLLOW-UP SESSION

- ☐ Provide the RD with the filled-in Intervention Tracking Form.
- ☐ RD collaborates with participants to create the [Participant Support Plan](#) (provide a copy to the participant).
- ☐ RD returns the Intervention Tracking Form and the completed Support Plan to the leader or Program Coordinator.

POST-WORKSHOP TASKS

- ☐ Program Coordinator completes the [Provider Follow-Up Letter](#) (customized with your site's information and logo), includes the participant's outcomes, attaches a copy of the completed Participant Support Plan, and sends it to the physician. Retain a copy.
- ☐ Program Coordinator should mark their calendar for 3-month participant follow-up.
- ☐ Enter workshop data into ILPTH or submit to AgeOptions. Note that some additional questions from the pre-survey are not included in ILPTH. Enter responses to those questions at [this link](#).
 - Refer to the [ILPTH User Guide](#) for detailed data entry instructions.
 - If all data is entered in ILPTH, email the Health Promotion Team at AgeOptions to confirm completion. Retain all participant forms securely.
 - Securely send all completed forms to Joan Fox at AgeOptions: joan.fox@ageoptions.org

PARTICIPANT 3 MONTH FOLLOW-UP

- ☐ Program Coordinator sends participants the [Participant Follow-Up Letter](#) and [Follow-Up Survey](#).
- ☐ Submit completed surveys to AgeOptions or enter them at [this link](#).
 - Send all completed forms securely to Joan Fox at AgeOptions: joan.fox@ageoptions.org
 - If all data is entered in ILPTH, email the Health Promotion Team at AgeOptions to confirm completion. Retain all participant forms.

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