

My Diabetes Self-management Goal

My goal to help control my diabetes before my next visit is:

1



Eat fruits and vegetables every day

2



Walk 30 minutes a day

3



Take my Medicine as ordered

4



Check my Blood sugar and Blood pressure

5



Lose ___ pounds each month

6



Drink 8 cups of water every day

7



Stop Smoking

8



Reduce my Stress by _____

9



Stop or Limit Alcohol

10



Other _____

When will I do it? (e.g., mornings before breakfast) _____

Where will I do it? (e.g., at the park) _____

How often will I do it? (e.g., Monday thru Thursday) _____

What might get in the way of my plan? (e.g., I have to take my children to school one day a week) _____

What can I do about it? (e.g., I'll choose days when I don't take them to school) _____

How confident am I that I can reach this goal: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not at all		A little			Somewhat confident			Very sure		Totally confident

How important is this goal to me: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not at all		A little			Somewhat important			Very important		Extremely important

Follow-up plan (how and when) _____
 Agreed upon by the patient and clinician