

My Diabetes Self-Management Goal

Patient Name _____ DOB _____ CHART # _____



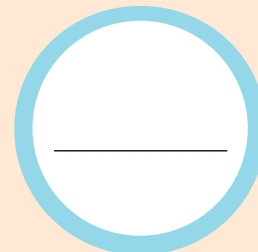
Increase fruits & Veggies



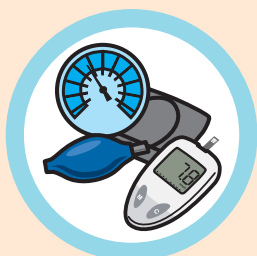
Be physically active



Take my medicine



OTHER



Monitor my blood sugar and blood pressure



Cope with stress



Limit alcohol & sugary drinks



Stop smoking/ vaping

One way I want to improve my health is (e.g., be more active):

My goal for this week is (e.g., walk 4 times):

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

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

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

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

What I can 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

Follow-up plan (how and when): _____



MOSES LAKE & QUINCY
COMMUNITY HEALTH CENTERS

Next appointment _____

Lab appointment _____