








MY DIABETES SELF-MANAGEMENT GOALS

Self-Management Goals	<i>Choose a goal(s) that is realistic and obtainable. Use the extra space to personalize your goal(s).</i>	<i>Follow-up Date/Comment</i>
Goal 1: Be Active 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Goal 2: Healthy Eating 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Goal 3: Taking Medicine 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Goal 4: Monitoring 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Goal 5: Problem Solving 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Goal 6: Reducing Risk 	<p><i>I will decrease my risk of complications through these preventive care goals:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lower or maintain my A1C at _____. <input type="checkbox"/> Get a dilated eye exam <input type="checkbox"/> Have a fasting lipid panel <input type="checkbox"/> Check my kidney function <input type="checkbox"/> Stop tobacco use <input type="checkbox"/> See my provider every 3 to 6 months <input type="checkbox"/> Have my blood pressure checked each visit <input type="checkbox"/> Get a flu shot each year and pneumonia shot <input type="checkbox"/> Check my own feet daily <p>List additional goal: _____</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Goal 7: Healthy Coping 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>