

# My Diabetes Plan

Name: \_\_\_\_\_


Date: \_\_\_\_\_

1. How are you doing with managing your diabetes?

Excellent 

Good 

Not Good 


Not Sure 

2. How were the results of your last A1C test (sometimes called the Hemoglobin A1C test, a three-month average of your blood sugars)?

Excellent 

Good 

Not Good 

Not Sure 

3. I am doing well with:

\_\_\_\_ Exercising.

\_\_\_\_ Eating better foods.

\_\_\_\_ Taking my medicine.

\_\_\_\_ Checking my blood sugar.

\_\_\_\_ Cutting down on smoking.

\_\_\_\_ Reducing my stress.

\_\_\_\_ Other: \_\_\_\_\_



4. I want to do better with:

\_\_\_\_ Exercising.

\_\_\_\_ Eating better foods.

\_\_\_\_ Taking my medicine.

\_\_\_\_ Checking my blood sugar.

\_\_\_\_ Cutting down on smoking.

\_\_\_\_ Reducing my stress.

\_\_\_\_ Other: \_\_\_\_\_

5. To improve my health, I will work on one of my chosen activities.

Here is what I can do:

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

How much: \_\_\_\_\_

When: \_\_\_\_\_

How often: \_\_\_\_\_

6. This is how sure I am that I will be able to do this: (circle a number)

Not sure

1

2

3

4

5

6

7

8

9

Very Sure

10