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 AIC 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                Very Sure
   1                       10
   2
   3
   4
   5
   6
   7
   8
   9