Type 2 Diabetes Goals and Action Plan

Name_________________________________________ Date _____________________________

Healthcare Provider ____________________________ Phone _____________________________

You and your provider are a team in managing diabetes. Work with your provider to help set goals and fill out this action plan. It may help you:

• Set goals for managing diabetes.
• Choose actions to help you meet these goals.
• Track progress toward these goals.
• Know when to call your provider.

Set goals and track your progress

**Blood sugar goals**
Before meal: _____
After meal: _____

<table>
<thead>
<tr>
<th>TEST/HOW OFTEN</th>
<th>MY GOAL</th>
<th>MY LAST RESULT</th>
<th>DATE</th>
<th>NEXT TEST DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C Test (2- to 3-month blood sugar average)</td>
<td>Every 3 to 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Every visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>Every visit</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>LDL “Bad” Cholesterol</td>
<td>Often once a year</td>
<td></td>
<td></td>
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<tr>
<td>HDL “Good” Cholesterol</td>
<td>Often once a year</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Triglycerides</td>
<td>Often once a year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Write down the reasons you want to manage your diabetes: ___________________________________________

_____________________________________________________________________________________

Write down any problems you may face trying to meet your goals: ___________________________________________

_____________________________________________________________________________________

Write down your ideas for solving these problems: ___________________________________________

_____________________________________________________________________________________
Take action to meet your goals

By following goals you can help manage your diabetes. Check the goals you want to talk with your provider about.

___ Test my blood sugar as my provider recommends.
___ Take my medicines as directed by my provider.
___ Eat healthy foods and follow my meal plan.
___ Be more active.
___ Wash and carefully dry my feet every day.
___ Check my feet for cuts, sores, red spots, and swelling.
___ Wear socks and shoes at all times (unless I’m sleeping).
___ Brush my teeth for about three minutes, twice a day.
___ Floss at least once a day.
___ Take steps to quit smoking.
___ Other: ______________________________________________________________________
___ Other: ______________________________________________________________________

Know when to call your healthcare provider

I will call my provider right away if:

• I have a sore on my foot that does not start to heal after a few days.
• I have any changes in my vision.
• I have been sick or have had a fever for two or more days.
• I have been throwing up or having diarrhea for more than six hours.
• My blood sugar reading is below ________________ or above ________________.
• Other: ______________________________________________________________________

I will seek emergency medical assistance if I have more serious symptoms or:

___ blood sugar level more than 600 mg/dL
___ warm dry skin
___ sleepiness or confusion
___ hallucinations
___ other

Use your action plan to help you meet your goals for managing diabetes.