

My Diabetes Plan

How are you doing with your diabetes?

- Excellent 
 Good 
 Not Good 
 Not sure 

I am doing well with:

I want to do better with:

- | | | |
|--|---|--|
| <input type="checkbox"/> Exercising |  | <input type="checkbox"/> Exercising |
| <input type="checkbox"/> Eating better foods |  | <input type="checkbox"/> Eating better foods |
| <input type="checkbox"/> Taking my medicine |  | <input type="checkbox"/> Taking my medicine |
| <input type="checkbox"/> Checking my blood sugar |  | <input type="checkbox"/> Checking my blood sugar |
| <input type="checkbox"/> Managing my weight |  | <input type="checkbox"/> Managing my weight |
| <input type="checkbox"/> Reducing my salt intake |  | <input type="checkbox"/> Reducing my salt intake |
| <input type="checkbox"/> Cutting down on smoking |  | <input type="checkbox"/> Setting a quit smoking date |
| <input type="checkbox"/> Checking my feet |  | <input type="checkbox"/> Checking my feet |
| <input type="checkbox"/> Drinking less alcohol |  | <input type="checkbox"/> Drinking less alcohol |
| <input type="checkbox"/> Other |  | <input type="checkbox"/> Other |

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

This is what I am going to do: _____

How much: _____

When: _____

How often: _____

How important is this activity to me? (circle a number)

Not 1 2 3 4 5 6 7 8 9 10 Very

How confident am I that I will be able to do this activity? (circle a number)

Not 1 2 3 4 5 6 7 8 9 10 Very

