Guadalupe Regional MEDICAL CENTER

HEALTHY BEHAVIOR GOALS TO CONTROL MY DIABETES

Achievement Levels:	0 = never or 0% of the time	1 = rarely or 25% of the time	2 = sometimes or 50% of the time	3 = often or 75% of the time	4 = always or 100% of the time

Patient Name:		Place Achievement Level in columns below		
Physician:	Goal Start Date:_____	Follow-up Date:_____	Follow-up Date: _____	% and staff use
EATING HEALTHY				
Eat 3 meals a day, evenly spaced				
Eat healthy snacks *if prescribed				
Stay within my 'carb budget'				
Decrease fats and fatty foods				
Decrease salt and salty foods				
Reduce my portion sizes				
Follow my meal plan				
Eat more very low carb vegetables				
Limit lean protein to 2 palms a day				
Eat higher fiber foods				
Try 1 new healthy recipe per week				
Keep carb & blood sugar log at _____meals/day or _____meals/week				
Replace sugary soda/soft drinks with sugar-free soda				
Replace sugar with sugar substitutes in beverages, cereal, etc.				
Replace fruit juices with fresh fruits or unsweetened canned fruit				
Eat only 1/2 of large portions of restaurant food; take other 1/2 home				
Eat slower as to have better control over my portions				
BEING ACTIVE				
Get my doctor's permission to exercise				

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Exercise _____days per week for _____minutes				
Follow my exercise plan				
Wear a pedometer and write down my daily steps				
Find someone to exercise with				
Find a fun exercise activity that fits your lifestyle				
MONITORING				
Test blood sugar 1x/day and rotate before and 2 hours after meals				
Test my blood sugar: _____ times per day at:_____				
Test blood sugar before and after meals_____				
Test my blood sugar before and after exercise				
Record results of my blood sugar tests				
TAKING MEDICATION				
Take my medications as prescribed				
Take vitamins/ OTC supplements as suggested by my doctor				
PROBLEM SOLVING				
Identify my specific problems that interfere with my diabetes care				
Brainstorm ways to solve my problems and ask others to help me				
Prevent problem situations from occurring				
Break down large problems into smaller, more solvable ones				
Decide on a specific solution to a specific problem I am having now				
HEALTHY COPING				
Take steps to reduce my moderate to high stress				
Talk about my diabetes concerns with people I trust				
Seek emotional support people I trust				
Join a diabetes support group				

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Chat-blog with people with diabetes on interactive diabetes website				
Identify what I cannot control and what I can control				
Let go of those things I cannot control, and the worry				
Talk to my doctor if I feel depressed or have symptoms of depression				
Take time every day to relax, have fun or do what I really enjoy				
Get enough sleep everyday				
Ask for help with daily chores and tasks when I am overwhelmed				
REDUCING RISKS				
Complete my diabetes education program				
Get medical nutrition therapy from a registered dietitian				
Lose weight, if overweight				
Limit my alcohol intake to 1 drink/day for men; 2/day for women				
Take baby aspirin each day if prescribed by my doctor				
Stop smoking				
Decrease tobacco use				
Ask my doctor about using a 'stop smoking aid'				
Join a stop smoking support group or get a sponsor				
Drink lots of water when my blood sugar is high				
Carry glucose tablets with me all the time (or hard candy)				
See doctor for a health checkup at least 1x/year				
Check feet daily and see my doctor right away if I have cuts, sores, blisters, swollen or red area, pus, bleeding, etc.				
Brush my teeth 2x/day and floss everyday				

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Ask doctor to explain my blood test results and what I need to do if not in acceptable range				
Take steps to prevent low blood sugar				
Have my eyes checked at least 1x per year				
Get an annual flu vaccine if my doctor approves of it				
Ask my doctor about a pneumonia shot if I have not received one				
Ask my doctor about a shingles vaccine if I have not received one				
Call doctor if my blood sugar is 250 mg or more for 3 or more days				
Call doctor if I am vomiting or have a fever for more than 24 hours				
OTHER GOALS				

Participant Signature: _____ Date: _____

Educator Signature: _____ Date: _____