





My Diabetes Plan

How are you doing with your diabetes?

- Excellent 
 Good 
 Not Good 
 Not sure 

I am doing well with:

- Exercising
- Eating better foods
- Taking my medicine
- Checking my blood sugar
- Managing my weight
- Reducing my salt intake
- Cutting down on smoking
- Checking my feet
- Drinking less alcohol
- Other



I want to do better with:

- Exercising
- Eating better foods
- Taking my medicine
- Checking my blood sugar
- Managing my weight
- Reducing my salt intake
- Setting a quit smoking date
- Checking my feet
- Drinking less alcohol
- 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