LIVING WITH DIABETES? TAKE CHARGE BY SETTING SOME GOALS

WHAT TO DO

When you have prediabetes or diabetes, a healthy lifestyle is very important and has short- and long-term benefits. Use the list below to create personal goals. Pick one or two goals to get you started and build on those goals over time for a healthier lifestyle.

GOAL EATING HEALTHY

Since foods affect blood sugar levels, it is important to pay attention to when, what, and how much you eat.

MY PERSONAL GOAL

(Example: This week, I will write down the foods I eat to identify how my eating habits affect my blood sugar levels.)

GOAL TAKING MY MEDICATION

In order to reach your blood sugar target, it's important to take your medication regularly at the dose and time prescribed.

MY PERSONAL GOAL

(Example: Set a daily reminder to take medications on time.)

GOAL STAY ACTIVE

30 minutes of moderate physical activity like briskly walking or swimming is recommended every day. You can break it into 10- or 15-minute increments.

MY PERSONAL GOAL

(Example: I will briskly walk for 20 minutes in the morning 4 days per week.)

GOAL KNOW MY NUMBER

Keep track of your blood sugar so you can identify trends. This will help you make needed adjustments to reach your blood sugar targets.

MY PERSONAL GOAL

(Example: I will keep track of my blood sugar levels daily and share them with my doctor.)

IMPORTANT REMINDERS

ANNUAL CHECKUP

Date/Time: _____

Place: _____

Tracking my A1c

Date: _____ Result: _____

Date: _____ Result: _____

Date: _____ Result: _____

Date: _____ Result: _____

Other appointments

Appointment: _____

Physician: _____

Date: _____

Time: _____

Place: _____

Appointment: _____

Physician: _____

Date: _____

Time: _____

Place: _____

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STAYING ON TRACK WITH DIABETES

WHAT TO TRACK

	BLOOD SUGAR Work with your healthcare team to determine how often to track.			PHYSICAL ACTIVITY Consult your healthcare team to determine the right approach to keep you active.		WELL-BEING Take time at the end of each day to determine how you feel.	
	TEST 1	TEST 2	TEST 3	TYPE OF ACTIVITY?	HOW LONG?	HOW'S YOUR ENERGY?	DO YOU FEEL WELL?
	EXAMPLE: 95	EXAMPLE: 140	EXAMPLE: 110	EXAMPLE: Walking	EXAMPLE: 15 minutes	EXAMPLE: 6 on a scale of 1 to 10	EXAMPLE: 7 on a scale of 1 to 10
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

Share this with your healthcare team at your next visit.

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