

# Diabetes Self-Management Goals

Diabetes Self-Management Education Program    Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ MR# \_\_\_\_\_

Please choose goals you are willing to work on to better manage your diabetes. (Week 2 of classes)	2: Date	3: Date	4: Date	5: Date	6: Date	7: Date	8: Date	9: Date	10: Date
 <b>Goal 1:</b> <b>Exercise</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
 <b>Goal 2:</b> <b>Foot Care</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
 <b>Goal 3:</b> <b>Meal Planning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
 <b>Goal 4:</b> <b>Weight Loss</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
 <b>Goal 5:</b> <b>Medications &amp; Monitoring</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
 <b>Goal 6:</b> <b>Sugar Testing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
 <b>Goal 7:</b> <b>Stress Management</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
<b>Other:</b> (stop smoking etc)	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Prog <input type="checkbox"/> No
<b>Health Management Coach</b>									

**Other Goals:**

- Eye Exam, Every Year                      **Date of next exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Dental Exam, Every 6 Months              **Date of next exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other \_\_\_\_\_                              **Date of next exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_