self-care ACTION PLANNING

Setting realistic goals is an important step in managing diabetes. This may help you identify some of those goals.

Name __________________________________________ Date ____________________

set goals

You can begin to take care of yourself. Choose one or more of the following activities and set a goal.

- Choose something you want to do, not something you feel you should do.
- Choose a goal that you really believe you can do.
- Choose a friend or family member to help you track your success in meeting your goal.

Stay Physically Active
During the next week, I will (walk, bike, run, etc.) or ____________ at least ____ minutes at least ____ days (make it easy/reasonable).

Eat Healthy
During the next month:
- I will decrease my portion sizes.
- I will eat 3 evenly spaced meals each day.
- I will replace juice/soda with calorie free beverages.
- Other: ______________________

Avoid Tobacco, Alcohol and/or Other Drugs that are Bad for My Health
During the next month:
- I will call the Maine Tobacco Helpline at 1-800-207-1230 for help to quit smoking.
- I will decrease my alcohol intake to 1-2 drinks with food each week.
- Other: ______________________
Practice Health Management  
*(check one or two)*

During the next month:
- I will examine my feet at least ____ times per week.
- I will check my blood sugar ____ times per day each week.
- I will take my medicine as prescribed.
- If advised by my doctor, I will take an aspirin each day.
- I will keep all of my health care appointments.
- I will make an appointment to get my eyes examined.
- I will attend Diabetes self-management education.

Practice Relaxing to Relieve Stress  
*(check one or two)*

Every day during the next week, I will practice relaxing by:
- Deep breathing or meditation.
- Laughing more.
- Taking a warm bath.
- Talking with a friend.
- Finding a quiet, peaceful place for reflection/thought.
- Making time for fun activities such as:  
  • Hobbies,  
  • Playing with kids, and  
  • Getting together with friends.
- Other: ______________________
Once you have set your goals, use this next step to take action.

Name __________________________________________ Date _________________________

☐ I have worked with another provider to set a goal.

**Take action**

1. **What I Will Do**
   - Choose One Goal:
     - I will __________________________________________
     - Examples: increase physical activity; take medications; make healthier food choices; reduce stress; reduce tobacco use.
   - Choose One Action:
     - I will __________________________________________
     - Examples: walk more; eat more fruits and vegetables.

2. **How Much / How Often**
   - **How much:** ___________________________________
     - Examples: 20 minutes.
   - **How often:** ___________________________________
     - Examples: three times a week on Monday, Wednesday, Friday.

3. **Confidence Level**
   - Circle a number to show how sure you are about doing the activity.
   - Try to choose an activity that you are a 7 or above.
   - 1 2 3 4 5 6 7 8 9 10
     - Not sure at all Somewhat sure Very sure

My signature __________________________________________
Healthcare provider signature __________________________________________