

# Type 2 Diabetes Goals and Action Plan

Name \_\_\_\_\_ Date \_\_\_\_\_

Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

You and your provider are a team in managing diabetes. Work with your provider to help set goals and fill out this action plan. It may help you:

- Set goals for managing diabetes.
- Choose actions to help you meet these goals.
- Track progress toward these goals.
- Know when to call your provider.

## Set goals and track your progress

### Blood sugar goals

Before meal: \_\_\_\_\_

After meal: \_\_\_\_\_

TEST/HOW OFTEN	MY GOAL	MY LAST RESULT	DATE	NEXT TEST DATE
<b>A1C Test (2- to 3-month blood sugar average)</b> <i>Every 3 to 6 months</i>				
<b>Blood Pressure</b> <i>Every visit</i>				
<b>Weight</b> <i>Every visit</i>				
<b>LDL “Bad” Cholesterol</b> <i>Often once a year</i>				
<b>HDL “Good” Cholesterol</b> <i>Often once a year</i>				
<b>Triglycerides</b> <i>Often once a year</i>				
<b>Other:</b>				

Write down the reasons you want to manage your diabetes: \_\_\_\_\_

\_\_\_\_\_

Write down any problems you may face trying to meet your goals: \_\_\_\_\_

\_\_\_\_\_

Write down your ideas for solving these problems: \_\_\_\_\_

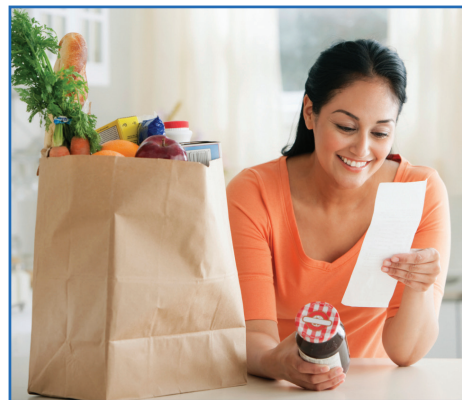
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## Take action to meet your goals

By following goals you can help manage your diabetes. Check the goals you want to talk with your provider about.

- ☐ Test my blood sugar as my provider recommends.
- ☐ Take my medicines as directed by my provider.
- ☐ Eat healthy foods and follow my meal plan.
- ☐ Be more active.
- ☐ Wash and carefully dry my feet every day.
- ☐ Check my feet for cuts, sores, red spots, and swelling.
- ☐ Wear socks and shoes at all times (unless I'm sleeping).
- ☐ Brush my teeth for about three minutes, twice a day.
- ☐ Floss at least once a day.
- ☐ Take steps to quit smoking.
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



## Know when to call your healthcare provider

### I will call my provider right away if:

- I have a sore on my foot that does not start to heal after a few days.
- I have any changes in my vision.
- I have been sick or have had a fever for two or more days.
- I have been throwing up or having diarrhea for more than six hours.
- My blood sugar reading is below \_\_\_\_\_ or above \_\_\_\_\_.
- Other: \_\_\_\_\_

### I will seek emergency medical assistance if I have more serious symptoms or:

- ☐ blood sugar level more than 600 mg/dL
- ☐ warm dry skin
- ☐ sleepiness or confusion
- ☐ hallucinations
- ☐ other

**Use your action plan to help you meet your goals for managing diabetes.**



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Printed in USA.

HM3875R0

May 2013