











Families Together of Orange County

Diabetes Self-Management Goals

Diabetes is a very serious disease that may cause damage to the blood vessels and nerves leading to the brain, eyes, heart, kidneys, toes, and feet.

You are the most important person in the management of your diabetes. We will guide you and offer support as you manage your diabetes. The following goals will help you gain and maintain diabetic control to reduce damage to your blood vessels and nerves.

Please choose goals you would like to work on to better manage your diabetes.		How confident are you that you can work on this goal? (1=not confident, 5=very confident)
	Goal 1: I will work hard to keep my HbA1c below 7.	1 2 3 4 5
	Goal 2: I will exercise (walk) 30 minutes _____ days per week. If I notice chest pain, shortness of breath, or chest tightness, I will seek medical attention.	1 2 3 4 5
	Goal 3: I will check my feet daily. If I notice a sore or irritation I will seek medical attention. I will visit the Podiatrist yearly, or as instructed.	1 2 3 4 5
	Goal 4: I will follow my diabetic and low fat diet to reduce my blood sugar and cholesterol.	1 2 3 4 5
	Goal 5: I will try to obtain my ideal body weight. I will lose _____ pounds by my next office visit.	1 2 3 4 5
	Goal 6: I will take a baby aspirin or enteric coated aspirin every day.	1 2 3 4 5
	Goal 7: I will stop smoking.	1 2 3 4 5
	Goal 8: I will have an eye exam every year or as indicated.	1 2 3 4 5
	Goal 9: I will check my blood sugar _____ times a day and will call if the results are consistently below _____ or above _____. (ADA recommendation is to maintain a blood sugar level between 80 and 130.)	1 2 3 4 5
	Goal 10: I will talk about how I feel about having diabetes to my family, friends, and/or chaplain. I will attend the Diabetes Support Group.	1 2 3 4 5