# DIABETES SELF MANAGEMENT

Diabetes is a very serious disease. The more you learn about it, the healthier you will become, and the easier it will be for you to live well with Diabetes. You are the most important person in managing your Diabetes. By choosing at least one (or more) goals from the list below, you will help yourself gain diabetic control and help reduce the chance of damage to the blood vessels and nerves leading to your brain, eyes, heart, kidneys, feet and toes as a result of your Diabetes.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>I will work hard to keep my Hemoglobin A1c (strength of diabetes) below 7.0, and I will keep my medical appointments.</td>
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<tr>
<td>2</td>
<td></td>
<td>I will walk 30 minutes ____ day(s) a week. If I notice chest pain, shortness of breath, or chest tightness, I will seek medical attention.</td>
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<tr>
<td>3</td>
<td></td>
<td>I will check my feet daily. If I notice a sore or an irritation, I will seek medical attention. I will visit the podiatrist (foot specialist) yearly, or as instructed.</td>
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<tr>
<td>4</td>
<td></td>
<td>I will follow my diabetic and low fat diet to reduce my blood sugar and cholesterol.</td>
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<tr>
<td>5</td>
<td></td>
<td>I will try to obtain my ideal body weight. I will lose _____ pounds by my next office visit.</td>
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<tr>
<td>6</td>
<td></td>
<td>I will take the medications prescribed to me by my medical provider, in order to control my blood sugar.</td>
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<tr>
<td>7</td>
<td></td>
<td>I will stop smoking.</td>
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<tr>
<td>8</td>
<td></td>
<td>I will visit the optometrist or ophthalmologist (eye specialist) every year or as indicated.</td>
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<tr>
<td>9</td>
<td></td>
<td>I will check my blood sugar by using my glucometer as instructed and I will call if the results are consistently below 70 or above 180.</td>
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<tr>
<td>10</td>
<td></td>
<td>I will see my dentist every year or as indicated.</td>
</tr>
</tbody>
</table>

Patient’s Signature: ___________________________ Date: ________________