

# Your Diabetes Self-Care Planner

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Next appointment** \_\_\_\_\_

**Doctor/Provider** \_\_\_\_\_

**Contact** \_\_\_\_\_



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[www.virginiadiabetes.org](http://www.virginiadiabetes.org)

**Bring this to your next appointment**

# Goals To Improve My Lifestyle and Diabetes

Put a check by steps you will take to improve your lifestyle.

## EAT HEALTHY

### ► Eat meals and snacks at set times to promote health.

Examples:

- I will eat breakfast within one hour of getting up.
- I will not skip meals.
- Other:.....

.....

### ► Eat healthy carbohydrates.

Examples:

- I will avoid regular soft drinks and choose water or diet soft drinks instead.
- I will eat 5-7 servings of fruits and vegetables every day.
- I will choose whole-grain breads and cereals.
- Other:.....

.....

### ► Decrease serving sizes.

Examples:

- I will keep a record of the food I eat and drink.
- I will know what counts as a serving size.
- When I am eating out, I will share or split an entrée and eat a salad.
- Other:.....

.....

### ► Eat less fat and choose healthy fats.

Examples:

- I will bake, broil, roast, grill, or boil instead of fry food.
- I will have a meatless meal at least once a week.
- I will choose fried or high-fat foods no more than once a week.
- I will drink fat-free or low-fat milk.
- I will use healthy oils (olive oil, canola oil) and buy tub margarine.
- Other:.....

.....

### ► Make other healthy choices.

Examples:

- I will drink plenty of fluids (at least 8 glasses of water or low calorie fluid per day).
- I will limit how much alcohol I drink. (Women should drink no more than 1 alcoholic drink per day. Men should drink no more than 2 alcoholic drinks per day.)
- Other:.....

.....

**BE ACTIVE**

▶ **Do something that you enjoy.**

Examples:

- I will take the stairs.
  - I will park my car further away and walk.
  - I will walk.
  - I will swim or do water exercises.
  - I will ride a bike.
  - I will use an exercise video.
  - I will do yoga.
  - Other:.....
- .....

▶ **How often?**

Examples:

- Every day                       3x/week
- 5x/week                          .....

▶ **How long?**

Examples:

- 10 minutes                       15 minutes
- 20 minutes                       30 minutes
- 60 minutes                       .....minutes

▶ **Limit inactivity.**

Examples:

- I will watch no more than 1 hour of television per day.
  - I will spend no more than \_\_hour(s)/day on the computer.
  - Other:.....
- .....

## REDUCE RISK FACTORS

### ► Maintain a healthy body weight.

#### Examples:

- I will exercise regularly.
  - I will make wise food choices most of the time.
  - I will set a reasonable weight loss goal.
  - I will keep a food and exercise log.
  - Other:.....
- .....

### ► Keep blood pressure and cholesterol under control.

#### Examples:

- I will reduce my intake of salt.
- I will decrease my intake of saturated fat (butter, lard, cream, high-fat meat, such as bologna, sausage, bacon, and hot dogs).
- I will talk to my health care provider about whether or not I need medication for blood pressure or cholesterol.
- Other:.....

### ► Quit smoking.

#### Examples:

- If I need help, I will seek out a counselor or program to stop smoking.
  - I will surround myself with family and friends who will support and encourage me.
  - Other:.....
- .....

## MONITOR MY DIABETES CARE

#### Examples:

- I will check my feet every day.
  - I will test my blood glucose levels ..... times/day.
  - Other:.....
- .....

## TAKE MY MEDICATION

#### Examples:

- I will have my prescriptions filled on a regular basis.
- I will take my diabetes medication at the prescribed times every day.
- I will take my other diabetes-related medication (for blood pressure, cholesterol, etc.) at the prescribed times every day.
- I will use a pill case labeled with days of the week to help me remember to take my medication every day.
- I will call or e-mail my health care provider for assistance with diabetes self-care when needed.
- I will keep my medicine list updated.
- I will track my supplements each day.
- Other:.....

## SOLVE PROBLEMS

### Examples:

- I will balance my carbohydrates by eating similar portions from day to day at each meal.
- I will adjust my insulin based on my blood glucose numbers/patterns.
- I will be physically active for 10-minutes after every meal. For instance, after eating, I will take a brisk walk, which can be helpful to reduce after-meal blood glucose levels.

Other:.....  
.....

## FIND HEALTHY WAYS TO COPE

### Examples:

- Talk about how you feel to people you trust.
  - Decide one small way to change your mood or old habit, and do it.
  - Write down 10 good things about your life and think about and appreciate them.
  - Organize your day with a "to do" list.
  - Learn how to relax through yoga, meditation, biofeedback, Tai Chi, deep breathing, or visual imagery.
  - Take 30 minutes each day to relax through music, yoga, bath, writing, etc.
  - Take time to have fun every day by exploring a new interest, watching a funny movie, going shopping, playing with a pet, etc.
- Get in touch with your spiritual side to help you feel better about yourself.
- Keep a stress diary to see what triggers your stress and discover better ways to react.
  - Exercise every day to help you focus your energy on a more positive path.
  - Keep your sleep cycle as regular as possible.
  - Develop a favorite hobby.

Other:.....  
.....



# MY BLOOD GLUCOSE LEVELS

My target blood glucose goal ranges are \_\_\_\_\_ mg/dl before meals and \_\_\_\_\_ mg/dl 2 hours after meals.

	Insulin	Breakfast Before/After		Insulin	Lunch Before/After		Insulin	Dinner Before/After		Insulin	Bedtime Before/After	
Monday												
Comments:												
Tuesday												
Comments:												
Wednesday												
Comments:												
Thursday												
Comments:												
Friday												
Comments:												
Saturday												
Comments:												
Sunday												
Comments:												

# Eating Behavior Diary

Day/Date \_\_\_\_\_

Time	Location or Place	Food/Beverage Consumed	Degree of Hunger <sub>1</sub>	Social Situation <sub>2</sub>	Comments <sub>3</sub>

1 Use rating scale of: 1 – not hungry, 2 = moderately hungry, 3 = very hungry  
2 Who were you with? What were you doing?  
3 Include feelings (e.g., sad, bored, angry), thoughts (e.g., eating out with friends), concerns (e.g., stressed out at work)\