



# My diabetes action plan

Ask your doctor to help you fill out this form at each visit. It will help you manage your diabetes.

My personal goal	My results today	What I can do
Daily blood sugar: _____ By date: _____ A1C: _____ By date: _____		<input type="checkbox"/> Check my blood sugar every day <input type="checkbox"/> Follow my meal plan <input type="checkbox"/> See my doctor twice a year for tests <input type="checkbox"/> Take my medicine
Blood pressure: _____ By date: _____		<input type="checkbox"/> Follow my meal plan <input type="checkbox"/> Limit salt to 1 teaspoon a day <input type="checkbox"/> Take my medicine
BMI: _____ By date: _____		<input type="checkbox"/> Choose healthy foods
Weekly exercise: _____ By date: _____		<input type="checkbox"/> Ask my doctor about an exercise plan
LDL cholesterol: _____ By date: _____		<input type="checkbox"/> Eat a heart-healthy diet <input type="checkbox"/> Get a cholesterol test at least once a year <input type="checkbox"/> Take my medicine
Tobacco use: _____ By date: _____		<input type="checkbox"/> Join a smoking cessation program
Alcohol use: _____ By date: _____		<input type="checkbox"/> Limit my alcohol use

This diabetes plan was created for:

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



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