

My Management Plan for Diabetes

Compare your long-term goal with where you are today. Set a short-term goal and decide what changes you will make to reach it.

Risk factor:	My goal:	My results today:	My short term goal by: _____ (date)	What I can do to meet my goal:
High blood sugar Higher than 130 before meals or higher than 180 after meals	<ul style="list-style-type: none"> Fasting blood sugar that is less than 110 HbA1c less than 7% Self-testing blood sugar 90-130 before meals and less than 180 after meals 			<ul style="list-style-type: none"> <input type="checkbox"/> Check my blood sugar every day and keep it in good range (90-130 before meals or less than 180 after meals). <input type="checkbox"/> Follow my meal plan. <input type="checkbox"/> Set up a diabetes check-up with my doctor twice a year (HbA1c, urine albumin test, eye and foot exams). <input type="checkbox"/> Take my diabetes medicines as directed. <input type="checkbox"/> Check my feet every day.
High blood pressure Stage 1: 140/90 Stage 2: 160/100	A 130/80 blood pressure reading			<ul style="list-style-type: none"> <input type="checkbox"/> Follow an eating plan from my doctor. <input type="checkbox"/> Use only 1 teaspoon of salt per day (2,300 mg). <input type="checkbox"/> Take my blood pressure medicine (if prescribed).
Overweight Body Mass Index (BMI) of 25 or higher	A BMI between 19 and 24			<ul style="list-style-type: none"> <input type="checkbox"/> Choose healthy foods. <input type="checkbox"/> Drink water every day.
Not exercising	Exercise at least 30 minutes every day.			<ul style="list-style-type: none"> <input type="checkbox"/> Ask my doctor about an exercise program. <input type="checkbox"/> Exercising at least _____ minutes every day.
High LDL cholesterol (Above 100)	An LDL cholesterol level below 100			<ul style="list-style-type: none"> <input type="checkbox"/> Follow a low-fat, low-cholesterol diet. <input type="checkbox"/> Have a fasting cholesterol test at least every year. <input type="checkbox"/> Take my cholesterol-lowering medicine (if prescribed).
Tobacco use	Do not use tobacco			<ul style="list-style-type: none"> <input type="checkbox"/> Not use any form of tobacco. <input type="checkbox"/> Join a program to stop smoking (if I smoke) like the Blues' Quit the Nic program. Call 800-811-1764 (TTY users should call 800-240-3050) 24 hours a day, seven days a week.
Alcohol use	No more than 2 drinks per day for men* No more than 1 drink per day for women.*			<ul style="list-style-type: none"> <input type="checkbox"/> Limit my alcohol use. (*A drink is one 12 oz. beer, 4 oz. of wine or 1.5 oz. of 80-proof spirits.)

This diabetes management plan for _____ was created on _____
 (Name) (Date)

