

Type 2 diabetes action plan

Name _____ Date _____

Doctor _____ Phone _____

Meeting your diabetes goals can be as easy as 1-2-3! Work with your doctor to fill out this form to help set goals that are right for you.

1 Know your goals

A1C (3 month average): _____

Daily blood sugar number when I wake up and before meals: _____ to _____

Daily blood sugar reading after a meal: _____

Blood pressure: _____ Cholesterol: _____

Weight: _____ Other: _____

2 Take action to meet your goals

- Test your blood sugar daily
- Take your medicines the way your doctor tells you
- Eat healthy foods and follow your meal plan
- Be more active
- Check your feet daily
- Get all the exams your doctor tells you
- Stop smoking



Write down reasons you want to control your diabetes:

Problems you may have to solve to meet your goals:

3 Talk to your diabetes care team

- Ask your doctor or nurse for help—they want to!
- Ask your family or friends for help

Call your doctor if your blood sugar reading is below _____ or over _____

In an emergency, call 911

This material has been developed by GlaxoSmithKline.