

Type 2 Diabetes Goals and Action Plan

Name _____ Date _____

Healthcare Provider _____ Phone _____

You and your provider are a team in managing diabetes. Work with your provider to help set goals and fill out this action plan. It may help you:

- Set goals for managing diabetes.
- Choose actions to help you meet these goals.
- Track progress toward these goals.
- Know when to call your provider.

Set goals and track your progress

Blood sugar goals

Before meal: _____

After meal: _____

TEST/HOW OFTEN	MY GOAL	MY LAST RESULT	DATE	NEXT TEST DATE
A1C Test (2- to 3-month blood sugar average) <i>Every 3 to 6 months</i>				
Blood Pressure <i>Every visit</i>				
Weight <i>Every visit</i>				
LDL "Bad" Cholesterol <i>Often once a year</i>				
HDL "Good" Cholesterol <i>Often once a year</i>				
Triglycerides <i>Often once a year</i>				
Other:				

Write down the reasons you want to manage your diabetes: _____

Write down any problems you may face trying to meet your goals: _____

Write down your ideas for solving these problems: _____

(continued)

Take action to meet your goals

By following goals you can help manage your diabetes. Check the goals you want to talk with your provider about.

- Test my blood sugar as my provider recommends.
- Take my medicines as directed by my provider.
- Eat healthy foods and follow my meal plan.
- Be more active.
- Wash and carefully dry my feet every day.
- Check my feet for cuts, sores, red spots, and swelling.
- Wear socks and shoes at all times (unless I'm sleeping).
- Brush my teeth for about three minutes, twice a day.
- Floss at least once a day.
- Take steps to quit smoking.
- Other: _____
- Other: _____



Know when to call your healthcare provider

I will call my provider right away if:

- I have a sore on my foot that does not start to heal after a few days.
- I have any changes in my vision.
- I have been sick or have had a fever for two or more days.
- I have been throwing up or having diarrhea for more than six hours.
- My blood sugar reading is below _____ or above _____.
- Other: _____

I will seek emergency medical assistance if I have more serious symptoms or:

- blood sugar level more than 600 mg/dL
- warm dry skin
- sleepiness or confusion
- hallucinations
- other

Use your action plan to help you meet your goals for managing diabetes.



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