

Summit Healthcare

Diabetes Self Care Goal Sheet

- Eat _____ serving of fruit and vegetables
- Walk _____ minutes a day
- Take my medicine on time
- Test my blood sugar _____ times
- Lose _____ pounds
- Have an annual eye exam
- Check my feet daily
- Stop smoking
- Other goal _____
- Stop or limit my alcohol

Choose one goal at a time.

What will I do? _____

When will I do it? _____

Where would I do it? _____

How often will I do it? _____

What might get in the way of my plan? _____

What could I do to make sure my plan works? _____

Goal Review

How important is this goal to you? (rate 1-10) circle one

1	2	3	4	5	6	7	8	9	10
Not at all	A little		Somewhat sure			Very sure		Totally sure	

How sure are you that you will reach this goal? (rate 1-10) circle one

1	2	3	4	5	6	7	8	9	10
Not at all	A little		Somewhat sure			Very sure		Totally sure	

Patient Signature: _____

Clinician Signature: _____

Dated: _____

Agreed upon by the patient and clinician



Founded on Care • Built on Trust

2200 E Show Low Lake Rd • Show Low, AZ 85901
928-537-4375 • www.summithealthcare.net