



# self-care ACTION PLANNING

Setting realistic goals is an important step in managing diabetes.  
This may help you identify some of those goals.

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

## set goals

You can begin to take care of yourself. Choose one or more of the following activities and set a goal.

- Choose something you **want** to do, not something you feel you should do.
- Choose a goal that you **really** believe you can do.
- Choose a friend or family member to **help you** track your success in meeting your goal.

### Stay Physically Active

During the next week, I will  
(walk, bike, run, etc.) or \_\_\_\_\_  
at least \_\_\_\_ minutes  
at least \_\_\_\_ days (*make it easy/reasonable*).

### Eat Healthy

During the next month:

- I will decrease my portion sizes.
- I will eat 3 evenly spaced meals each day.
- I will replace juice/soda with calorie free beverages.
- Other: \_\_\_\_\_

### Avoid Tobacco, Alcohol and/or Other Drugs that are Bad for My Health

During the next month:

- I will call the **Maine Tobacco Helpline** at 1-800-207-1230 for help to quit smoking.
- I will decrease my alcohol intake to 1-2 drinks with food each week.
- Other: \_\_\_\_\_

**Practice Health Management***(check one or two)*

During the next month:

- I will examine my feet at least \_\_\_\_\_ times per week.
- I will check my blood sugar \_\_\_\_\_ times per day each week.
- I will take my medicine as prescribed.
- If advised by my doctor, I will take an aspirin each day.
- I will keep all of my health care appointments.
- I will make an appointment to get my eyes examined.
- I will attend Diabetes self-management education.

**Practice Relaxing to Relieve Stress***(check one or two)***Every day** during the next week,

I will practice relaxing by:

- Deep breathing or meditation.
- Laughing more.
- Taking a warm bath.
- Talking with a friend.
- Finding a quiet, peaceful place for reflection/thought.
- Making time for fun activities such as:
  - Hobbies,
  - Playing with kids, and
  - Getting together with friends.
- Other: \_\_\_\_\_

# my ACTION PLAN



Once you have set your goals, use this next step to take action.

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

I have worked with another provider to set a goal.

## take action

# 1

### What I Will Do

#### Choose One Goal:

I will \_\_\_\_\_

Examples: increase physical activity; take medications; make healthier food choices; reduce stress; reduce tobacco use.

#### Choose One Action:

I will \_\_\_\_\_

Examples: walk more; eat more fruits and vegetables.

# 2

### How Much / How Often

**How much:** \_\_\_\_\_

Examples: 20 minutes.

**How often:** \_\_\_\_\_

Examples: three times a week on Monday, Wednesday, Friday.

# 3

### Confidence Level

Circle a number to show how sure you are about doing the activity.

Try to choose an activity that you are a 7 or above.

**1 2 3 4 5 6 7 8 9 10**

*Not sure at all*

*Somewhat sure*

*Very sure*

My signature \_\_\_\_\_

Healthcare provider signature \_\_\_\_\_