



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

**The 7 Self-Care Habits of Effective Diabetes Management**

Just as Stephen Covey identified his “7 Habits of Highly Effective People,” Diabetes educators have now identified 7 areas of diabetes self-care that seem to make a difference in living healthy with diabetes. Use the care areas below to begin to set your own self-care goals for improvement. Your doctor and/or your diabetes educator would be happy to help you with goal setting. For most people, choosing **one** area of self-care to focus on works better than trying to make too many changes at once.

**Self-Care Goal Sheet**

**Directions:**

1. **Circle One** self-care section ( 1 - 7) you will work on
2. Under that section, **check** or create one plan to work on.
3. **Rate your progress** towards your goal in 1 month: Review Date: \_\_\_\_\_  
 I met my goal:  100%  75%  50%  25%  0% Revise Goal? \_\_\_\_\_  
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**1. Healthy Eating**

- \*I will eat at least 3 meals per day and will not skip meals
- \*I will count carbohydrates at 75% of my meals and snacks
- \*I will reduce my saturated fat intake by trimming the fat off my meat, removing skin from poultry and eating poultry, fish, or pork tenderloin at least 4 times per week.
- I will \_\_\_\_\_

**2. Being Active**

- \*I will walk start walking 10 minutes per day and gradually increase to 30 minutes 5 days per week.
- \*I will increase my usual activity most days by using the stairs, parking further away, etc.
- I will \_\_\_\_\_

**3. Healthy Coping**

- \*I will practice stress reducing activities at least 3 times per week
- \*I will attend the monthly Talkin’ Diabetes discussion group
- \*I will talk to my spouse/significant other about ways they can help me cope with my diabetes
- I will \_\_\_\_\_

(over)

#### 4. Blood Sugar Monitoring

- \*I will check my blood sugar either fasting, before a meal, or at bedtime at least 2 times per week or according to my doctor's plan
- \*Because I am on insulin, I will check my blood sugars at least 4 times per day (before meals and at bedtime or by my doctor's plan)
- \*I will test my blood sugar before driving the car
- \*I will check my blood sugar always when I am not feeling well.
- I will \_\_\_\_\_

#### 5. Medication Use

- \*I will remember to take my oral diabetes medication by putting the medication next to my food plate or by using a daily medicine box.
- \*I will store my insulin in the refrigerator during hot summer months.
- \*When I am sick, I will continue to take my diabetes medication. If in doubt, I will call my doctor.
- I will \_\_\_\_\_

#### 6. Reducing Risks

- \*I will check my feet at least 3 times per week
- \*I will carry glucose tablets with me at all times to treat low sugars
- \*I will call to make an appointment with my (**Circle one**: doctor, dietitian, ophthalmologist, dentist, nurse educator) within two weeks
- \*I will stop smoking by \_\_\_\_\_ (date)
- I will \_\_\_\_\_

#### 7. Problem-Solving

- \*If I eat more than my meal plan allows, I will do extra exercise
- \*When my blood sugar numbers are out of target, I will look for patterns to explain them by reviewing my record book
- I will \_\_\_\_\_

<b>Self-Management Support Plan</b>
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**My plan for ongoing diabetes self-care support will be to** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Attend Talkin' Diabetes meetings<br><input type="checkbox"/> Regularly read DM journal(s)<br><input type="checkbox"/> Access online DM support services<br><input type="checkbox"/> Attend a weight loss program<br><input type="checkbox"/> Attend an exercise program<br><input type="checkbox"/> Watch d-Life TV (CNBC) on Sundays | <input type="checkbox"/> Other, describe: _____<br>_____<br>_____<br>_____ |
|--|--|