



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? _____

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 _____

Self-Management Support Plan

My plan for ongoing diabetes self-care support will be to (check all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Attend Talkin' Diabetes meetings <input type="checkbox"/> Regularly read DM journal(s) <input type="checkbox"/> Access online DM support services <input type="checkbox"/> Attend a weight loss program <input type="checkbox"/> Attend an exercise program <input type="checkbox"/> Watch d-Life TV (CNBC) on Sundays | <ul style="list-style-type: none"> <input type="checkbox"/> Other, describe: _____ _____ _____ _____ |
|--|--|