Joslin Diabetes Center

Setting Goals to Change Habits

Name:________________________________ Date:__________________

Choose **one** habit or behavior you think you can change over the next three months. Please check ☑ the goal you select and fill in the blanks to personalize your goal. At a future visit, you will be asked to assess how well you did in meeting your goal.

To take better care of my diabetes, I will:	*How well did you do?* *Never*				*Always*
☐ Check my blood glucose _____ times a day / week at the following times: ___________________________________	1	2	3	4	5
☐ Call my diabetes team when my blood glucose is over ______ for three days in a row or less than______.	1	2	3	4	5
☐ Bring my log book and meter to clinic appointments.	1	2	3	4	5
☐ At all times, carry a source of 15 grams of carbohydrate, such as:_______________________ for treating hypoglycemia	1	2	3	4	5
☐ Check my feet _______times a week. When:_____________	1	2	3	4	5
☐ Eat _____________________servings of fruit / vegetables each day.	1	2	3	4	5
☐ Stop eating ___________for breakfast/ lunch/ dinner/ snacks.	1	2	3	4	5
☐ Eat meals at the following times:________________________	1	2	3	4	5
☐ Walk / bike / swim / aerobics: How often_________________ How long_______________	1	2	3	4	5
☐ ____	1	2	3	4	5
☐ ____	1	2	3	4	5

__________________________ ________________________ ____________________

Patient Signature Educator Signature Date of Follow-up

Copyright © 2009 by Joslin Diabetes Center. All rights reserved