

# Type 2 diabetes action plan

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Meeting your diabetes goals can be as easy as 1-2-3! Work with your doctor to fill out this form to help set goals that are right for you.**

## 1 Know your goals

A1C (3 month average): \_\_\_\_\_

Daily blood sugar number when I wake up and before meals: \_\_\_\_\_ to \_\_\_\_\_

Daily blood sugar reading after a meal: \_\_\_\_\_

Blood pressure: \_\_\_\_\_ Cholesterol: \_\_\_\_\_

Weight: \_\_\_\_\_ Other: \_\_\_\_\_

## 2 Take action to meet your goals

- Test your blood sugar daily
- Take your medicines the way your doctor tells you
- Eat healthy foods and follow your meal plan
- Be more active
- Check your feet daily
- Get all the exams your doctor tells you
- Stop smoking



Write down reasons you want to control your diabetes:

\_\_\_\_\_  
\_\_\_\_\_

Problems you may have to solve to meet your goals:

\_\_\_\_\_  
\_\_\_\_\_

## 3 Talk to your diabetes care team

- Ask your doctor or nurse for help—they want to!
- Ask your family or friends for help

**Call your doctor if your blood sugar reading is below \_\_\_\_\_ or over \_\_\_\_\_**

***In an emergency, call 911***

This material has been developed by GlaxoSmithKline.



ST. VINCENT IPA  
17215 Studebaker Rd., Suite 320  
Cerritos, CA 90703  
Phone: 888.255.5053 x 110  
Fax: 562.207.6548  
www.stvincentipa.com