



Name: _____

Date of Goal Setting: _____

3 Month Follow-Up Date: _____

Choose **ONE** behavior you will try to accomplish over the next three months.

1. Measure my food portions (how often) _____
2. Read food labels when buying new products.
3. Eat meal on time.
4. Walk/bike/swim, aerobic/chair aerobics exercise _____ times a week
for _____ minutes.
5. Take my medicine as instructed.
6. Quit smoking.
7. Quit drinking.
8. Test my blood glucose _____ times a week as instructed.
9. Test my blood glucose **at least** every four hours when I'm ill and I will record
the results.
10. Carry a quick acting form of sugar, such as _____ at all times.
11. Check my feet _____ times a week in the _____ (time of day).
12. Test my blood glucose whenever I think I'm having low blood glucose.
13. Purchase a Medic-Alert identification to wear at all times.
14. Check for ketones when my blood glucose is over 240 mg/dl.
15. _____

Patient Signature

Health Educator Signature