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