Type 2 diabetes action plan

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.