

Managing My Diabetes – My Action Plan

Date:

The change I want to make happen is:

My goal for the next month is:

Action Plan:

The specific steps I will take to reach my goal (what, when, where, how often):

Things that could make it difficult to achieve my goal:

My plan for overcoming these challenges are:

Support and resources I will need:

How important is it to me that I achieve my goal?

(scale of 0 to 10, with 0 being not important at all and 10 being extremely important):

How confident am I that I can achieve my goal?

(scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):

Follow-up date:
