

Your Diabetes Action Plan

My Diabetes Goals

You are the most important person in managing your diabetes. Talk with your provider to help you choose one or more goals you are ready to work on now.

Place a check next to your goals below.



Goal 1 – Meal Plan and Weight Management

- I will follow my diabetes meal plan as directed by my provider.
- I will reach and stay at my goal weight of _____.
- I will _____.



Goal 2 – Exercise

- I will get regular exercise: _____ minutes, _____ days per week as directed by my provider.
- My provider and I agree that the best activities for me are _____.
- I will _____.



Goal 3 – Foot Care

- I will check my feet every day for cuts, sores and red spots.
- I will call my provider right way if a sore on my foot does not start to heal after a few days.
- I will have my provider check my feet at every visit.
- I will _____.



Goal 4 – Medicine

- I will take my diabetes medicine(s) as directed by my provider.
- I will call my provider if I have problems.
- I will _____.



Goal 5 – Blood Sugar Monitoring

- I will check my blood sugar _____.
- I will call my provider if the level is below _____ or above _____.
- I will _____.



Goal 6 – A1C (test of blood sugar control over time)

- I will take steps to improve my A1C level to _____.
- I will have my A1C measured twice a year—or more if I am not at my A1C goal.
- I will _____.



Goal 7 – Heart Health

- I will ask my provider about taking aspirin for my heart.
- I will _____.



Goal 8 – Eye Health

- I will have a complete eye exam once per year with an eye care professional.
- I will _____.



Goal 9 – Smoking

- I will think of all the reasons I should quit smoking.
- I will ask my provider about how I can quit smoking and then take the steps to quit.
- If I start smoking again, I will try to quit again.



Goal 10 – Asking for Help

- I will talk to my family about how diabetes makes me feel.
- I will join a diabetes support group.
- I will let my provider know if I feel moody, blue or stressed.
- I will _____.

MeridianComplete is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-580-1689** (TTY: **711**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-580-1689** (TTY: **711**).

