



<p><b>MONITORING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Test blood sugar 1x/day and rotate before and 2 hours after meals</li> <li><input type="checkbox"/> Test my blood sugar: ___ times per day at:</li>   <li><input type="checkbox"/> Test blood sugar before and after meals _____</li> <li><input type="checkbox"/> Test my blood sugar before and after exercise</li> <li><input type="checkbox"/> Record results of my blood sugar tests</li> </ul>				
<p><b>TAKING MEDICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take my medications as prescribed</li> <li><input type="checkbox"/> Take vitamins and/or OTC supplements as suggested by my doctor</li> <li><input type="checkbox"/></li> </ul>				
<p><b>PROBLEM SOLVING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify my specific problems that interfere with my diabetes care</li> <li><input type="checkbox"/> Brainstorm ways to solve my problems and ask others to help me</li> <li><input type="checkbox"/> Prevent problem situations from occurring</li> <li><input type="checkbox"/> Break down large problems into smaller, more solvable ones</li> <li><input type="checkbox"/> Decide on a specific solution to a specific problem I am having now</li> </ul>				
<p><b>HEALTHY COPING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Take steps to reduce my moderate to high stress</li> <li><input type="checkbox"/> Talk about my diabetes concerns with family and people I trust</li> <li><input type="checkbox"/> Seek emotional support from family and people I trust</li> <li><input type="checkbox"/> Join a diabetes support group</li> <li><input type="checkbox"/> Chat-blog with people with diabetes on interactive diabetes website</li> <li><input type="checkbox"/> Identify what I cannot control and what I can control</li> <li><input type="checkbox"/> Let go of those things I cannot control, and the worry</li> <li><input type="checkbox"/> Talk to my doctor if I feel depressed or have symptoms of depression</li> <li><input type="checkbox"/> Take time every day to relax, have fun or do what I really enjoy</li> <li><input type="checkbox"/> Get enough sleep everyday</li> <li><input type="checkbox"/> Ask for help with daily chores and tasks when I am overwhelmed</li> </ul>				<p style="text-align: right;">Page 2 of 3</p>

<p><b>EDUCING RISKS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete my diabetes education program</li> <li><input type="checkbox"/> Get medical nutrition therapy from a registered dietitian</li> <li><input type="checkbox"/> Lose weight, if overweight</li> <li><input type="checkbox"/> Limit my alcohol intake to 1 drink/day for men; 2/day for women</li> <li><input type="checkbox"/> Take baby aspirin each day if prescribed by my doctor</li> <li><input type="checkbox"/> Stop smoking</li> <li><input type="checkbox"/> Decrease tobacco use</li> <li><input type="checkbox"/> Ask my doctor about using a 'stop smoking aid'</li> <li><input type="checkbox"/> Join a stop smoking support group or get a sponsor</li> <li><input type="checkbox"/> Drink lots of water when my blood sugar is high</li> <li><input type="checkbox"/> Carry glucose tablets with me all the time (or hard candy)</li> <li><input type="checkbox"/> See doctor for a health checkup at least 1x/year</li> <li><input type="checkbox"/> Check feet daily and see my doctor right away if I have cuts, sores, blisters, swollen or red area, pus, bleeding, etc.</li> <li><input type="checkbox"/> Brush my teeth 2x/day and floss everyday</li> <li><input type="checkbox"/> Ask doctor to explain my blood test results and what I need to do if not in acceptable range</li> <li><input type="checkbox"/> Take steps to prevent low blood sugar</li> <li><input type="checkbox"/> Have my eyes checked at least 1x per year</li> <li><input type="checkbox"/> Get an annual flu vaccine if my doctor approves of it</li> <li><input type="checkbox"/> Ask my doctor about a pneumonia shot if I have not received one</li> <li><input type="checkbox"/> Ask my doctor about a shingles vaccine if I have not received one</li> <li><input type="checkbox"/> Call doctor if my blood sugar is 250 mg or more for 3 or more days</li> <li><input type="checkbox"/> Call doctor if I am vomiting or have a fever for more than 24 hours</li> </ul>				
<p><b>OTHER GOAL(S):</b></p>				<p style="text-align: right;">Page 3 of 3</p>

Educator Signature/Initials: \_\_\_\_\_

MARY ANN HODOROWICZ CONSULTING, LLC

---

Nutrition, Diabetes Care and Education, Health Promotion and Insurance Reimbursement  
12921 SYCAMORE • PALOS HEIGHTS, IL 60463

Office: 708.359.3864 • Fax: 866.869.6279 • [hodorowicz@comcast.net](mailto:hodorowicz@comcast.net) • [www.maryannhodorowicz.com](http://www.maryannhodorowicz.com)