

DIABETES GOALS JOURNAL: GOAL ASSESSMENT

NAME: _____ DATE: _____

GOAL ASSESSMENT: Take a moment to review the goals you set at your PREVIOUS diabetes visit. Describe your goals, rate your EFFORT in working toward those goals, rate your SUCCESS in meeting those goals, talk about what you did well, and write about what you can do better for the next visit. After you complete your assessment, set new goals or modify existing goals on the other side of this form.

| TYPE OF GOAL | GOAL DESCRIPTION | GOAL ASSESSMENT | | |
|---------------------|--|---|----------------------|-----------|
| | | Needs Work | OK | Excellent |
| Food/Diet/Nutrition | <input type="checkbox"/> Eat healthier | My effort: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Drink more water | My success: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Monitor portion sizes | What did I do well to meet this goal? | | |
| | <input type="checkbox"/> Other _____ _____ _____ | What can I do to better meet this goal? | | |
| Exercise | <input type="checkbox"/> Walk more steps each day | My effort: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Exercise more | My success: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Do more resistance training | What did I do well to meet this goal? | | |
| | <input type="checkbox"/> Other _____ _____ _____ | What can I do to better meet this goal? | | |
| Glucose monitoring | <input type="checkbox"/> Check levels more often | My effort: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Keep a glucose log | My success: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Other _____ _____ _____ | What did I do well to meet this goal? | | |
| | | What can I do to better meet this goal? | | |
| Medications | <input type="checkbox"/> Take medications as scheduled | My effort: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Adjust insulin based on SMBG | My success: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Other _____ _____ _____ | What did I do well to meet this goal? | | |
| | | What can I do to better meet this goal? | | |
| Other | <input type="checkbox"/> Check feet every day | My effort: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Stop smoking | My success: | 1 2 3 4 5 6 7 8 9 10 | |
| | <input type="checkbox"/> Plan ahead for challenges | What did I do well to meet this goal? | | |
| | <input type="checkbox"/> Other _____ _____ _____ | What can I do to better meet this goal? | | |