

Action Plan

Using your answers on the **Ready for Change** worksheet, pick a goal to work on. Take a few minutes to think of some of the things about your diabetes care you would like to change. Write down your goals.

1. _____

2. _____

3. _____

4. _____

*Put an * beside the one you would like to start on.*

Write down some of the **action steps** to meet your goal

1. _____

2. _____

3. _____

*Put an * beside the one or two you would like to work on.*

This week I will _____ (what)
_____ (how much)
_____ (when)
_____ (how often)

0 1 2 3 4 5 6 7 8 9 10

Not Confident

Confident

How confident are you that you can do your plan? Score: __

Signature _____ Date _____