

This product was developed by the Galveston: Take Action project at the Galveston County Health District in Texas City, TX. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

# Denial Worksheet

## Good Diabetes Care

Do you do these things?

Are you avoiding or denying they are important?

Take Medicine as ordered?

Yes No

Eat three balanced meals a day with snacks as necessary?

Yes No

Check blood sugars?

Yes No

Exercise 3 to 5 times a week?

Yes No

Check your feet every day?

Yes No

Manage stress?

Yes No

IF NOT

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

List each area of diabetes care that denial keeps you from taking care of yourself.

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What are your reasons (barriers) for not doing the activity?

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Pick one activity that you can start to work on.

How can you get around the barrier?

What is your plan?