

4C's Clinic Diabetes Program

Self Management Goal

Date _____

My goal is to help control my diabetes by:

This week I will _____ (what)

_____ (how much)

_____ (when)

_____ (how often)

Signature _____ Date _____

You may contact me at () _____ or () _____

Nurse follow up intervention

Nurse spoke to: _____

Signature: _____ Date: _____

- Meeting goal completely
- Meeting goal most of the time
- Meeting goal some of the time
- Not working on goal

Patient label