

Diabetes Self-Management Goal Contract

Patient Name: _____ Date: ____/____/____



One way I want to improve my health is (e.g., be more active):

My selected goal (e.g., walk 4 times): _____

When I will do it (e.g., mornings before breakfast): _____

Where I will do it (e.g., at the park): _____

How often I will do it (e.g., Monday thru Thursday): _____

What might get in the way of my plan (e.g., I have to take the children to school one day):

What I can do about it (e.g., I'll choose days when I don't take them to school):

How confident am I that I can reach this goal: circle one

0	1	2	3	4	5	6	7	8	9	10
Not at all		A little			Somewhat confident			Very sure		Totally confident

Follow-up plan (how and when):

FOR OFFICE USE ONLY:
 Date Reviewed: _____ Patient met Goal Patient continues to work on goal
 Patient encountered barriers. Problem solving with patient conducted. Revised Goal:

