## I Will Take Control

I understand that I have diabetes mellitus. I know that diabetes is a serious condition that I will have for the rest of my life.

## I know that if I control my blood sugar I will reduce my risk for heart attack, blindness, kidney damage and circulation problems.

As your health care provider, we will help you as you manage your own diabetes. Making goals and changing behavior will help.

A 1 C Sugar Levels

13 12 11 10 9	330 300 270 240 219	Too high	E
8 7 6 5 4	180 150 120 90 60	ОК	3

## The hemoglobin A 1 C measures how well your sugar level has been controlled during the past 3 months. A 1 C is important to watch. Blood pressure, LDL cholesterol and weight are also important.

Goals: To control 1) my A1C 2) my BP 3) my blood fat (LDL) 4) my weight

Date	A1C Ideal is 6.5	Blood Pressure Good is ≤ 130/80	LDL Good is < 100	Weight My goal:

## I will work hard to control my diabetes. My first step will be to keep my medical and educational

sessions.

Date:\_

This product was developed by the RWJF Diabetes Self Management program at Community Health Center, Inc. in Middletown, CT with support from the Robert Wood Johnson Foundation® in Princeton, NJ.

Salmon copy: for cl							
		Date ICheck up Dateswill Start(still working/maintaining good habits)					<b>t</b> a)
	Things I will do	will Start	(still working/maintaining good			ood nabi	ls)
	I will test my blood sugar as						
	instructed						
2							
	I will take my medications						
ADD							
2	I will take an aspirin every day						
	if instructed						
	I will exercise for <u>min</u> .						
/ <b>****</b> **	days/week. My						
	exercise will be						
Call-L	I will lose pounds in months						
* . *	I will eat 3 meals and						
	healthy snacks a day.						
ŧ ĥ							
CALL I	I will use olive/canola oil						
2 %							
	I will give up and with sugar						
91	I will give up soda with sugar						
	I will stop or reduce salt						
· · · .	-						
	I will make my food portions						
	smaller						
Collins and the second							
987	I will stop smoking or cut						
0	down on smoking						
	I will check my feet daily						
	I will always have shoes or						
11-20-21	slippers on my feet. I will						
	wear socks with my shoes.						

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				Salmor	n to chart
Patient Name:	DOB:	Chart #		White	to patient