

Behavior Change Plan

1. What are your goals related to diabetes and its care?
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2. What part of living with diabetes is hardest for you? How does it make you feel?
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3. How does this situation need to change for you to reach your goals or feel better about it?
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4. Where do you want to be regarding this situation or your goals a year from now?
 - Six months from now?
 - Three months from now?
 - One month from now?
 - Next week?
5. What are the costs and benefits of taking action to improve this situation or reach your goals?

| Benefits | Costs |
|----------|-------|
| | |

6. What are some steps you could take to improve this situation and bring you closer to your goal?

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7. In what ways could you change your environment (setting) at home or at work (that is, eliminate negative triggers or change your routine)?

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8. What are ways your family and friends could help?

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9. List 1-3 steps or behaviors you will do to change this situation or reach your goal?

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10. How often will you do this behavior (from #9)? When is your deadline?

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11. How will you keep track of your progress?

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12. How will you reward yourself for achieving this goal?

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13. Commitment:

I, _____, will _____

Signed - _____ Date - _____