SMART Goals

What are SMART goals?

Goals provide a sense of direction, motivation, and importance. A SMART goal is an acronym used to help guide goal setting. SMART stands for **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**racked. Use this worksheet to help you create a SMART goal(s) that focuses on improving self-care behaviors related to diabetes management.

Monitoring (Module 2)

| I agree to notify my provider or healthcare team if I have more than 2 consecutive blood glucose readings under 70 gm/dL. |
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| I will check my fasting blood glucose in the morning times/week forweeks. |
| I will check my blood glucose 2 hours after (circle one) BREAKFAST, LUNCH, DINNER times/week forweeks. |
| Other goal: |

Healthy Coping (Module 3)

| I will get support from family/friendsout oftimes a week for weeks. |
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| I will keep a daily routine/scheduledays per week for weeks. |
| I will practice a stress-reducing activity like walking or meditationdays per week for weeks. |
| I will contact a Health Psychologist for stress management tools and support within weeks. |
| Other goal: |

Taking Medications (Module 4)

| I will take all my diabetes medications daily as prescribed for weeks/months. |
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| I will carry all my medications with me when I leave my house for errands or travel. |
| I will contact my pharmacist or provider for medication adjustments as needed. |
| I will fill my pillbox each week for the next weeks. |
| Other goal: |

Healthy Eating (Module 5)

| I will reduce my portion sizes of at least times each week/month. |
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| I will substitute low sodium foods:,times a week for weeks. |
| I will replace sugary drinks with water or sugar-free drinkstimes a week for weeks. |
| I will eat more non-starchy vegetables for (circle one) BREAKFAST, LUNCH, DINNER times a week forweeks. |
| Other goal: |

Being Active (Module 6)

| I will,times per week for minutes, forweeks. | |
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| I will notify my provider when starting an exercise. | |
| Other goal: | |

Reducing Risk (Module 7)

| I will see my eye doctor every year. | |
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| I will have my blood drawn and urine tested as ordered by my provider. | |
| I will check my feet daily even when I am not at home. | |
| Other goal: | |

Problem Solving (Module 8)

| I will carry a fast carb (glucose tablets) with me to treat my low blood glucose. | |
|---|--|
| I will test my blood glucose before I drive my car. | |
| I will pack a healthy snack:to snack when I am away from home. | o prevent low blood glucose and to avoid choosing an unhealthy |
| Other goal: | |