# Managing My Diabetes – My Action Plan

**Date:**

**The change I want to make happen is:**

**My goal for the next month is:**

**Action Plan:**
The specific steps I will take to reach my goal (what, when, where, how often):

**Things that could make it difficult to achieve my goal:**

**My plan for overcoming these challenges are:**

**Support and resources I will need:**

**How important is it to me that I achieve my goal?**
(scale of 0 to 10, with 0 being not important at all and 10 being extremely important):

**How confident am I that I can achieve my goal?**
(scale of 0 to 10, with 0 being not confident at all and 10 being extremely confident):

**Follow-up date:**