

# SELF MANAGEMENT GOAL SETTING TOOL







## YOUR HEALTH GOALS

You are the most important member of your health care team.  
Set goals to improve your health.

- DIABETES
- HIGH BLOOD PRESSURE
- OVERWEIGHT
- HEART DISEASE
- STROKE








It is very important to set practical goals for yourself in order to obtain good control of your blood pressure, blood sugar, cholesterol, and your weight. Setting goals will also help reduce your risk of developing a heart attack, stroke, kidney failure, blindness, leg amputations, etc. A good goal should be specific, realistic and forgiving so that you can easily maintain it. Set one goal now and after you have achieved it, move on to another. When you achieve a goal, consider a healthy reward for yourself. (Examples of rewards: personal time, afternoon off from work, a music CD, a movie, a massage, etc. **Don't reward yourself with food!**)

### PLEASE CHOOSE ONE OR MORE OF THE FOLLOWING GOALS.

YES	GOAL	SPECIFIC GOAL	
	<b>Goal 1 EXERCISE</b>	Regular exercise can decrease your blood pressure by 5 - 6 points. It also helps decrease your blood sugar, cholesterol, and weight. In addition, it strengthens your muscles, heart and lungs. You can choose from many activities: <input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Swimming <input type="checkbox"/> Biking <input type="checkbox"/> Dancing <input type="checkbox"/> Home exercise video tapes <input type="checkbox"/> _____	
	<b>Goal 2 DIET</b>	A healthy diet is important for proper digestion, to lower your weight and cholesterol level. It can also reduce your risk for certain cancers. Here's how you can improve: <input type="checkbox"/> Use low-fat or fat-free dairy products (1% or skim milk, yogurt & low-fat cheese) <input type="checkbox"/> Eat more lean meats, skinless turkey and chicken and egg whites <input type="checkbox"/> Eat more whole grain foods like whole wheat breads, bran flakes and oatmeal <input type="checkbox"/> Eat more fruits and vegetables <input type="checkbox"/> Eat less fast foods, fatty foods and fried foods <input type="checkbox"/> Drink 6 - 8 glasses of water every day <input type="checkbox"/> Discuss specific dietary needs with a Nutritionist <input type="checkbox"/> _____	 
	<b>Goal 3 SALT</b>	Salt makes your body retain water and can make your blood pressure go up. If you have high blood pressure cut back on your salt intake to reduce your blood pressure by 3 - 5 points. You can reduce your salt intake in the following ways: <input type="checkbox"/> Avoid canned and processed foods <input type="checkbox"/> Cook with little or no salt <input type="checkbox"/> Do not add salt to your food at the table <input type="checkbox"/> Avoid foods that are high in salt like potato chips, pickles and salted fish <input type="checkbox"/> _____	
	<b>Goal 4 REDUCE STRESS</b>	Stress can make almost every disease worse. If you have high blood pressure or diabetes, you must have noticed how much stress can affect your blood pressure and sugar. An important part of reducing your stress is identifying activities that help you relax and making them part of your life. Helpful ways to relax and reduce stress: <input type="checkbox"/> Listening to music <input type="checkbox"/> Walking after dinner <input type="checkbox"/> Reading <input type="checkbox"/> Dancing <input type="checkbox"/> Yoga classes <input type="checkbox"/> Praying <input type="checkbox"/> Meditation <input type="checkbox"/> Take 10 deep breaths <input type="checkbox"/> Spend time and communicate with your friends or family <input type="checkbox"/> Light a candle and take a warm bubble bath <input type="checkbox"/> _____	 <b>STRESS!</b>
	<b>Goal 5 QUIT SMOKING</b>	Smoking can increase your risk of having a heart attack, a stroke and developing cancer. It can also increase your blood pressure and cause serious lung problems. You can quit or reduce smoking by: <input type="checkbox"/> Tapering off the amount you smoke <input type="checkbox"/> Chewing sugarless gum instead of smoking <input type="checkbox"/> Using certain medications <input type="checkbox"/> Joining a support group <input type="checkbox"/> Using nicotine patches <input type="checkbox"/> Planning other activities during the times you normally smoke <input type="checkbox"/> Keeping healthy, low calorie snacks on hand like popcorn, carrot sticks, etc. <input type="checkbox"/> Stay away from places where people smoke <b>We can help you quit. Just let us know you are willing to do so.</b> "I _____ promise to (quit)/(reduce smoking) to _____ by _____."	

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<b>PLEASE CHOOSE ONE OR MORE OF THE FOLLOWING GOALS.</b>			
<b>YES</b>	<b>GOAL</b>	<b>SPECIFIC GOAL</b>	
	<b>Goal 6 LIMIT ALCOHOL INTAKE</b>	Alcohol can increase your blood pressure. It can also cause liver disease and some types of cancers. If you drink, you should have no more than 1 drink per day. (1 drink equals: 5 oz. of wine, 12 oz. of beer or 1.5 oz. of hard liquor).	
	<b>Goal 7 WEIGHT LOSS</b>	Losing weight alone can reduce your blood pressure, cholesterol and blood sugar. Sometimes we can reduce the number of medicines you take if you lose enough weight. You can lose weight by: ( ) Improving your diet <b>and/or</b> ( ) Exercising  " I _____ promise to lose _____ pounds by _____."	
	<b>Goal 8 TAKE MY MEDICINE AS PRESCRIBED</b>	Sometimes you need medicine to help control your blood pressure, diabetes and/or cholesterol. If you do not know what all your medications are for, their possible side effects or if you do not take your medicines regularly, this is a goal you may wish to work on. Specific and helpful goals you may set for yourself include: ( ) I will take my medications as prescribed ( ) I will not stop taking my medicines <u>unless</u> my Doctor specifically says to do so ( ) I will know about all my medicines and what each is used for ( ) I will learn and know about the side effects of my medications ( ) I will not stop taking my medicine(s) when I feel O.K. unless my Doctor agrees	
	<b>Goal 9 VISIT MY DOCTOR ON A REGULAR BASIS</b>	Visiting your Doctor regularly is important for many reasons. Your Doctor will make sure that your weight, blood pressure, sugar, and cholesterol levels are at desirable goals. Very importantly, your Doctor can help you prevent and detect potentially serious complications before you develop them. You may never have any symptoms unless it is too late. Through regular exams and blood tests, your Doctor can help keep you healthy. " I _____ promise to see my Doctor at least every _____ months."	
	<b>Goal 10 VISIT EYE CARE SPECIALIST</b>	High blood pressure and diabetes can affect your vision. By the time your eyes or your vision are affected, it may be too late to adequately improve your vision. It is very important that you see an eye specialist annually or as recommended by your Doctor.	
	<b>Goal 11 FOOT EXAM</b>	Diabetes can cause complications in your legs that may eventually lead to amputations. By regularly examining your feet at home, at your Doctors office and with the foot specialist, you can prevent complications.	
	<b>Goal 12 CHECKING BLOOD SUGAR &amp; BLOOD PRESSURE</b>	Checking your blood pressure regularly helps to tell us if your medications are working effectively. Check your blood pressure at least once a month at your local grocery store, drug store or fire station and write it down for us. If you have diabetes, you must check your blood sugar as instructed by your Doctor.  ( ) I will check my (blood pressure)/(blood sugar) every _____, write it down and bring the results with me to my next Doctors visit.	

**I, \_\_\_\_\_, PROMISE TO WORK ON THE GOAL(S) I SELECTED ABOVE. I SINCERELY BELIEVE THAT ACCOMPLISHING THE GOAL(S) WILL HELP KEEP ME HEALTHIER AND REDUCE MY RISK OF DEVELOPING COMPLICATIONS.**

**TO HELP REMIND MYSELF OF MY GOALS, I WILL PLACE THIS CONTRACT ON MY REFRIGERATOR or ON MY BATHROOM MIRROR or \_\_\_\_\_.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Doctor or Provider's Name

\_\_\_\_\_  
Date (MM/DD/YR)

\_\_\_\_\_  
Doctor or Provider's Signature