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# SMART Goals

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## 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.
	I will check my fasting blood glucose in the morning ____ times/week for ____ weeks.
	I will check my blood glucose 2 hours after (circle one) BREAKFAST, LUNCH, DINNER ____ times/week for ____ weeks.
	Other goal:

## Healthy Coping (Module 3)

	I will get support from family/friends ____ out of ____ times a week for ____ weeks.
	I will keep a daily routine/schedule ____ days per week for ____ weeks.
	I will practice a stress-reducing activity like walking or meditation ____ days per week for ____ weeks.
	I will contact a Health Psychologist for stress management tools and support within ____ weeks.
	Other goal:

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## Taking Medications (Module 4)

	I will take all my diabetes medications daily as prescribed for ____ weeks/months.
	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.
	I will substitute low sodium foods: _____, ____ times a week for ____ weeks.
	I will replace sugary drinks with water or sugar-free drinks ____ times a week for ____ weeks.
	I will eat more non-starchy vegetables for (circle one) BREAKFAST, LUNCH, DINNER ____ times a week for ____ weeks.
	Other goal:

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## Being Active (Module 6)

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

## Reducing Risk (Module 7)

	I will see my eye doctor every year.
	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 prevent low blood glucose and to avoid choosing an unhealthy snack when I am away from home.
	Other goal: