

Diabetes Self-Management Support Plan

Name: _____

Date: _____

This is your Diabetes Self-Management Support Plan. You are being asked to commit to activities that will give you access to educational or motivational support in managing your diabetes.

Choose one or more activities from the options below.

- Subscribe to a diabetes magazine
 - o Diabetes Forecast (www.diabetes.org)
 - o Diabetes Self-management (www.diabetesselfmanagement.com)
 - o Diabetes Health (www.diabeteshealth.com)

- Access diabetes informational websites
 - o www.diabeteseducator.org (American Association of Diabetes Educators)
 - o www.diabetes.org (American Diabetes Association)
 - o www.dLife.com (Diabetes Life)
 - o www.americanheart.org (American Heart Association)
 - o www.eatright.org (American Dietetic Association)
 - o www.ndep.nih.gov (National Diabetes Education Program)
 - o www.selfmanagement.org (Better Choices, Better Health Online Workshop)

- Visit with a Registered Dietitian
- Join a fitness center, gym or YMCA
- Meet with a Personal Fitness Trainer
- Contact your health insurance company to ask about their Diabetes Management Programs
- Join a weight loss program
- Attend a healthy cooking class
- Other _____