

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE



Patient Goal Check List	Date:
Intervention Status: Please check which statemen	t best describes your current health education intervention.
I have not started my diabetes education y	•
I am currently in a diabetes education prog	
I have completed a diabetes education pro	
Instructions	
Please check all goals that you would like to achieve.	Next to each goal, choose on a scale of 1-5 how close you are to
achieving that goal.	G ,
5 = I have already achieved this goal, and am now mai	ntaining this behavior
4 = I am taking action towards achieving this goal	
3 = I am preparing to progress on this goal	
2 = I am unsure if I would like to achieve this goal	
1 = I am not interested in this goal	
Questions	
	arbohydrate meal three times a day and choose balanced,
healthy snacks, rich in protein, in between my	meals.
5 4 3 2 1	
	and able to compare the labels of various foods to select the
healthiest choices.	
5 4 3 2 1	
3 I am active at least 3 days a week.	
5 4 3 2 1	aalı
4 I am active at least 150 minutes during the	e week.
	ymy dactor
5 I check my blood glucose as prescribed by 5 4 3 2 1	Thy doctor.
6 I will maintain a record of my blood gluco	se readings
5 4 3 2 1	se reduings.
7 I will take all medications as prescribed.	
5 4 3 2 1	
8 I will be able to better manage my blood g	glucose when I am ill.
5 4 3 2 1	,
9. I am able to recognize potential obstacles	to caring for my diabetes, and I have identified methods to
overcome those barriers.	,
5 4 3 2 1	
10 I will reduce or quit using tobacco produc	ts.
5 4 3 2 1	
11 I will perform a daily foot exam.	
5 4 3 2 1	
12 I am able to readily identify individuals wh	no can support me with maintaining healthy blood glucose,
including my health care team and social supp	•
5 / 3 2 1	

Patient Goal Check List 1