

Diabetes Education & Support Programs

Bulfinch Medical Group
 MGH Main Campus
 15 Parkman Street
 Wang Building, 5th Floor
 Boston, MA 02114

Charlestown Community Health Center
 73 High Street
 Charlestown, MA 02129

Chelsea Health Center
 151 Everett Avenue &
 100 Everett Ave
 Chelsea, MA 02150

Diabetes Associates
 50 Staniford Street
 3rd Floor
 Boston, MA 02114


Internal Medicine Associates
 MGH Main Campus
 15 Parkman Street
 Wang Building, 6th Floor
 Boston, MA 02114

Revere Health Center
 300 Ocean Avenue
 Revere, MA 02151

Women's Health Associates
 Yawkey Center for Outpatient Care
 32 Fruit Street
 Boston, MA 02114

For more information visit:

www.massgeneral.org/diabetes

 mghdiabeteseducation.
 wordpress.com

 www.facebook.com/MGHDiabetesEd

 @MGHDiabetesEd

(c) Massachusetts General Hospital 2011
 Material based on the Transtheoretical Model by James Prochaska, PhD and Carlo DiClemente, PhD, 1983 and the concept of Motivational Interviewing, by Miller and Rollnick, 2002.

American Diabetes Association Clinical Practice	Average Before Meals	Normal	People with Diabetes AT GOAL	People with Diabetes TAKE ACTION
	Average 2 Hours After Meals	<110	90-130	>150
	Average at Bedtime	<140	<180	>180
	Hemoglobin A1c	<6%	<7%	>7%

Low Blood Glucose (Hypoglycemia)

IF I am: shaky, weak, confused, irritable, hungry, tired or I have a headache.

I should check my glucose level

IF My blood glucose is below 70

I should have one of these right away:

- 3 or 4 glucose tablets
- 1 serving of glucose gel
- 1/2 cup (4 ounces) of any fruit juice
- 1 cup (8 ounces) of milk
- 1 tablespoon of sugar or honey

My Diabetes Card

Name: _____



MASSACHUSETTS
GENERAL HOSPITAL



MASSACHUSETTS GENERAL
PHYSICIANS ORGANIZATION



Taking Steps & Reaching Goals

Today, I would like to talk about....

Mark which topic(s) you would like to discuss with your provider. If there is not a picture for your topic, please mark the blank circle.



Blood Sugar



Nutrition



Smoking



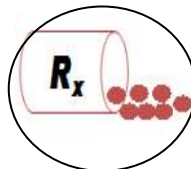
Sad/ Stress



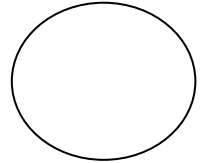
Alcohol



Exercise



Medication



Other

I would like to ask my provider....

On the below lines, write any questions or concerns you would like to talk to your provider about then write in his/her response.

Blood Glucose Levels

Questions to ask your provider:

What can remind me to check my blood sugar levels?

Why is an A1c test important?

Wallet Card

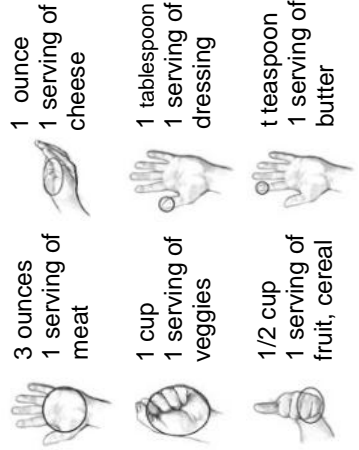
1. Fill in the missing information
2. Cut out and fold into a card
3. Keep in your wallet as a reminder

What if I do not use my insulin?

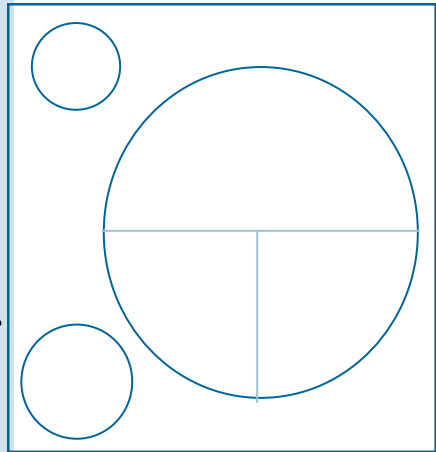
Your A1c number gives your average blood sugar for the past 3 months.

The results from your blood sugar checks and your A1c test will tell you if your care plan is working

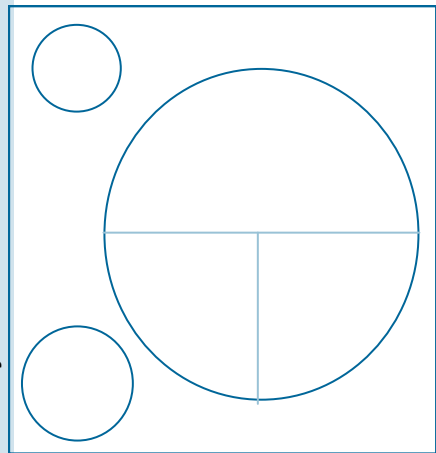
How much is 1 serving?



My Breakfast Plate



My Lunch & Dinner Plate



Physical Activity

Talk with your provider about ways to get exercise into your everyday life. Discuss the below options to see if they are a good fit for you.

When it is cold or raining out I can:

When I am really busy I can:

Questions to ask your provider

How often should I exercise?

What are some exercises I can do?

How can I control my blood sugar levels when I exercise?

How much exercise should I be getting?

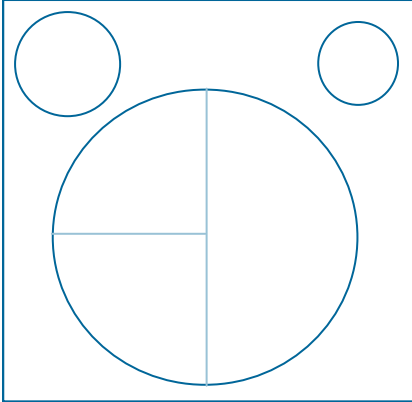
When should I exercise?

The best time to exercise is 3-5 hours after eating. To get the most out of your exercise, do not exercise before breakfast.

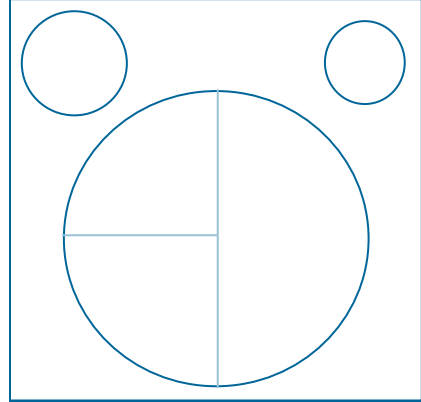
Use a Plate to Plan Your Meals

Talk to your provider about food portions. Ask where the non-starchy vegetables/fruit, starchy food, meat & meat substitutions and dairy products should be on the plates below .

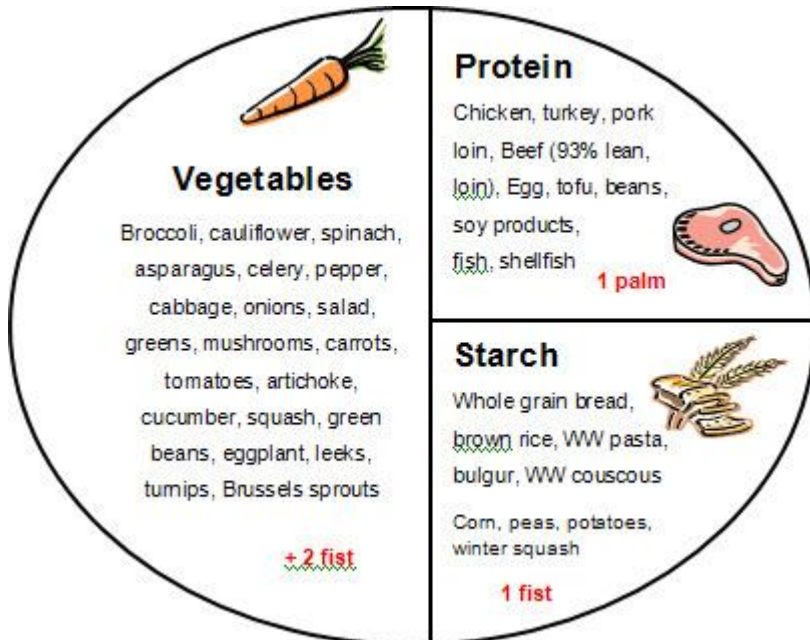
Lunch and Dinner



Breakfast



Food Sources



Are you ready?

How ready are you to reach your goal of:

(Check the statement below that best applies to you)

I will not do it _____


I cannot do it _____

I may do it _____

I will do it _____

I am doing it _____

I am still doing it _____



I may exercise
three times a week
for 20 minutes

I cannot take
my medicine at
every meal

To talk about making a change, fill out the table below with your provider

Reasons to Stay the Same	Reasons to Change
What are the benefits of staying the same?	What are your concerns about staying the same?
What are your concerns about change?	What are the benefits of change?

Goal Setting

Choose 1 Goal

I will _____

(increase my physical activity; take my medicine; check my blood sugar)

Choose 1 Action

I will _____

(walk more; eat more fruits and vegetables)

How much/ long: _____

(20 minutes, 5 fruits and vegetables)

How often: _____

(three times a week on Monday, Wednesday and Friday)

The steps I will take to reach this goal:

The things that will make it **hard to reach** this goal:

The ways I can **overcome** those things that get in my way: