Diabetes Education & Support Programs

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MGH Main Campus
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Charlestown Community Health Center
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Charlestown, MA 02129

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Diabetes Associates
50 Staniford Street
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Internal Medicine Associates
MGH Main Campus
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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

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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.
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.
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.

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?

__________________________________________________

How much is 1 serving?

- 3 ounces
- 1 serving of meat
- 1 tablespoon
- 1 serving of dressing
- 1/2 cup
- 1 serving of fruit, cereal
- 1 ounce
- 1 serving of cheese
- 1 cup
- 1 serving of veggies
- 1 teaspoon
- 1 serving of butter

My Lunch & Dinner Plate

My Breakfast 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?

- ____________________________
- ____________________________

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**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

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

<table>
<thead>
<tr>
<th>Reasons to Stay the Same</th>
<th>Reasons to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the benefits of staying the same?</td>
<td>What are your concerns about staying the same?</td>
</tr>
<tr>
<td>What are your concerns about change?</td>
<td>What are the benefits of change?</td>
</tr>
</tbody>
</table>
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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________