

# SELF-CARE CHECKLIST AND GOAL SETTING ACTION PLAN

Emergency contact details		My contact details	
Ambulance: 000		U.R. No: _____	
Hospital: _____ Ph: _____		Surname: _____	
Doctor: _____ Ph: _____		Given Name: _____	
Diabetes Educator: _____ Ph: _____		DOB: _____	
Family / Carer: _____ Ph: _____		Sex/Gender: _____	
24hr Healthdirect - Ph: 1800 022 222			
Understanding	<p><b>Type of diabetes:</b> I know my type of diabetes? Yes No</p> <p><b>Management:</b> I know my lifestyle strategies? Yes No</p> <p><b>Risks:</b> I know my short and long term risks? Yes No</p> <p><b>Glucose:</b> I know my blood / sensor glucose target? Yes No</p> <p><b>Ketones:</b> I know my blood ketone target? Yes No</p> <p><b>Medications:</b> I know my medications (tablets / injectables) and how to adjust these safely for meals, physical activity and illness? Yes No</p> <p><b>Lower than glucose target:</b> I know what to do if I have hypoglycaemia? Yes No</p> <p><b>Higher than glucose target:</b> I know what to do if I have hyperglycaemia? Yes No</p> <p><b>Insulin pump:</b> I know what to do if my insulin pump breaks / malfunctions? Yes No</p>	Yes	No
Lifestyle	<p><b>Eating:</b> I can identify carbohydrate foods and calculate the correct meal time dose of rapid acting insulin or insulin pump bolus? Yes No</p> <p><b>Physical activity:</b> I am active 30 minutes most days of the week? Yes No</p> <p><b>Weight:</b> I am at my most healthy weight? Yes No</p> <p><b>Alcohol:</b> I limit drinking to no more than 2 standard drinks (less than 20g) a day? Yes No</p> <p><b>Smoking:</b> I am a non-smoker? Yes No</p> <p><b>Emotional health and wellbeing:</b> I am OK and I am not anxious or distressed? Yes No</p>	Yes	No
Action Plans	<p><b>Hyperglycaemia Action Plan:</b> I have a plan? Yes No</p> <p><b>Hypoglycaemia Action Plan:</b> I have a plan? <i>(if applicable)</i> Yes No</p> <p><b>Insulin Pump Failure Plan:</b> I have a plan? <i>(if applicable)</i> Yes No</p>	Yes	No
Annual Cycle of Care	<p><b>General Practitioner:</b> I know when my Annual Cycle of Care appointment is due? Yes No</p> <p><b>Endocrinologist:</b> I know when my next 6 monthly / yearly appointment is due? <i>(if applicable)</i> Yes No</p> <p><b>Eyes:</b> I know when my 1-2 yearly eye examination is due? Yes No</p> <p><b>Kidney:</b> I know when my yearly microalbuminuria test is due? Yes No</p> <p><b>Feet:</b> I know my level of risk and when my yearly circulation &amp; sensation test is due? Yes No</p> <p><b>Medications:</b> I know when my next medicine review is due? Yes No</p> <p><b>Teeth:</b> I know when my 6 monthly dental review is due? Yes No</p>	Yes	No
Vaccinations	<p><b>Influenza:</b> I am up to date? Yes No</p> <p><b>Pneumococcal:</b> I am up to date? Yes No</p> <p><b>Diphtheria-tetanus-acellular pertussis:</b> I am up to date? Yes No</p> <p><b>COVID 19:</b> I am up to date? Yes No</p>	Yes	No

<b>Screening</b>	<b>Fasting glucose:</b> I know my most recent fasting glucose result?	Yes	No
	<b>Post prandial glucose:</b> I know my most recent post meal glucose result?	Yes	No
	<b>Glycated haemoglobin (HbA1c):</b> I know my most recent HbA1c result?	Yes	No
	<b>Total cholesterol (TC):</b> I know my most recent result?	Yes	No
	<b>High-density lipoproteincholesterol (HDL):</b> I know my most recent result?	Yes	No
	<b>Low-density lipoproteincholesterol (LDL):</b> I know my most recent result?	Yes	No
	<b>Triglycerides:</b> I know my most recent result?	Yes	No
	<b>Blood pressure (BP):</b> I know my most recent result?	Yes	No
	<b>Urine albumin excretion:</b> I know my most recent result?	Yes	No
<b>Information and Notification</b>	<b>National Diabetes Services Scheme (NDSS):</b> I am registered?	Yes	No
	<b>Medical alerting identification and GlucaGen® hypo kit:</b> I have these resources? <i>(if applicable)</i>	Yes	No
	<b>Driving and Insurance:</b> I have notified my motor registration / insurance? <i>(if applicable)</i>	Yes	No
	<b>Diabetes Australia:</b> I am aware of the available resources?	Yes	No
<b>Areas of Concern</b>	1. _____ 2. _____ 3. _____		
<b>Goal/s</b>		<b>Time Frame</b>	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
<b>Action/s to take</b>		<b>Time Frame</b>	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
<b>Dated:</b>	<b>Person with diabetes</b>	<b>Sign:</b>	
	<b>Name:</b>		
<b>Dated:</b>	<b>CDE Name:</b>	<b>Sign:</b>	

**Rural Support Service - Diabetes Service**

PO Box 3017, Rundle Mall

ADELAIDE SA 5000

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[www.sahealth.sa.gov.au/regionalhealth](http://www.sahealth.sa.gov.au/regionalhealth)