





Edward R. Roybal Comprehensive Health Center

Self-Management Goals

Patient Name:
Date of Birth:
Medical Record Number:

Date of Service:
Provider:

Please answer the questions below. Circle one answer for each question. Chose a goal(s) that you think you can meet to improve your health.

   	<p>DIET:</p> <p>1. How many of the last 7 DAYS have you followed a healthful eating plan? None 1 2 3 4 5 6 7 or No eating plan</p> <p>2. In the past month, how many DAYS PER WEEK have you followed your eating plan? None 1 2 3 4 5 6 7 or No eating plan</p> <p>3. How many of the last 7 DAYS did you eat five or more servings of fruits and vegetables? None 1 2 3 4 5 6 7</p> <p>4. How many of the last 7 DAYS did you eat fat foods such as red meat or full-fat dairy products? None 1 2 3 4 5 6 7</p> <p>EXERCISE:</p> <p>5. How many of the last 7 DAYS did you do at least 30 minutes of exercise (continuous exercise)? None 1 2 3 4 5 6 7</p> <p>6. How many of the last 7 DAYS did you participate in a specific exercise session (swimming, walking, biking) other than what you do around the house or as part of your work? None 1 2 3 4 5 6 7</p>	<p>GOAL: Eat a healthy diet</p> <p><input type="checkbox"/> Maintain a daily healthful eating plan prescribed by your doctor.</p> <p><input type="checkbox"/> Eat 5 or more servings of fruit and vegetable daily.</p> <p>GOAL: Stay physically active</p> <p><input type="checkbox"/> Exercise at least 30 minutes a day.</p>
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HEALTH MAINTENANCE:

7. How many of the last 7 DAYS did you test your blood sugar?

None 1 2 3 4 5 6 7

8. How many of the last 7 DAYS did you test your blood sugar the number of times recommended by your health care provider?

None 1 2 3 4 5 6 7 or
Not told how often to test



9. How many of the last 7 DAYS did you check your feet?

None 1 2 3 4 5 6 7

10. How many of the last 7 DAYS did you look at the inside of your shoes?

None 1 2 3 4 5 6 7

SMOKING:

10. Have you smoked a cigarette-even one puff-during the past 7 DAYS?

Circle one: No or Yes

If yes, how many cigarettes did you smoke on an average day?

Number of cigarettes: _____



GOAL:

Manage my health

Check my blood sugar daily.

Check my feet daily.

Look at the inside of my shoes once a week.

GOAL:

Manage my health

Stop smoking.