

**Type 2 Diabetes Self-Management Plan**

Effective diabetes care can only be achieved through working closely with your diabetes healthcare team. Taking responsibility for your diabetes will enable you to manage your diabetes more effectively and reduce your risk of complications in the future. At around the time you are diagnosed, your doctor or nurse should provide you with information about type 2 diabetes. You should be offered a course to help you improve your understanding of type 2 diabetes and how to manage it in your everyday life.

**Patient commitment**

To get the most from my treatment for my diabetes, I agree to:

* Aim to keep my HbA1c below       as agreed with my diabetes healthcare team
* Exercise at least 5 days of the week
	+ You should try to do 150 minutes of moderate intensity exercise (walking fast or hiking, pushing a lawn mower, cycling on level ground)

**OR**

* + try todo75 minutes of vigorous activity (jogging, team sports, swimming, cycling fast or on hilly terrain)

**OR**

* + a mixture of moderate and vigorous activity where 1 minute of vigorous activity gives the same health benefits as 2 minutes of moderate exercise
* Try to eat a lower sugar and lower fat diet to help control my blood sugar and cholesterol
	+ Total energy intake is less than energy expenditure where high sugar/saturated fat foods are eaten occasionally and in small portions
	+ Choose foods lower in fat, salt and sugar including 5 daily portions of fruit and vegetables, wholegrains or higher fibre starchy carbohydrates, beans, pulses and oily fish twice weekly.
* I will try to obtain my ideal body weight/target body weight of       and maintain my weight loss.
* Stop smoking
* Attend an eye examination at least yearly following my initial eye screening examination
* Check my feet every day to look for signs of redness, pain, build-up of hard skin or changes in the shape of my feet and attend a quality foot check by an appropriately trained person at least once per year
* Take my medication regularly and as directed by my diabetes healthcare team and report any issues or side effects with my medication to the diabetes healthcare team.
* If requested by my diabetes care team, I will test my blood sugar at the frequencies agreed and:
	+ Know my target range
	+ Contact my GP/nurse if my readings are consistently outside my target range

**Patient agreement**

I have discussed the above information with a member of the diabetes healthcare team and I understand that I need to follow the commitments above to improve control of my diabetes and minimise the risk of long term complications.

Patient name:

Patient signature:

Clinician name:

Clinician signature:

Date: