

Take charge!

Get to know your type 1

If you have diabetes, you know that balancing your blood sugar levels can sometimes be a game of guess and test—and that your numbers can be off, even if you're doing everything right. But don't get discouraged—you can manage your type 1! Fill out the worksheet below and share it with your healthcare team to see if any tweaks are needed to your treatment and management plan to help keep blood sugar swings to a minimum.

My medical history

1. When were you diagnosed? _____
2. What medications do you take? _____
3. Are you taking your medication as prescribed? ☐ Yes ☐ No
If no, what is preventing you from doing so? _____
4. What symptoms do you experience when your blood sugar is high/low? (e.g., hot flashes, dizziness, trouble thinking, etc.) _____
5. Do you experience side effects from treatment? ☐ Yes ☐ No
If yes, what are they? (e.g., stomach upset, hunger, fatigue, etc.) _____
6. Do you have an underlying condition? ☐ Yes (specify:) _____ ☐ No
If yes, does it interfere with your diabetes management? ☐ Yes ☐ No
7. Are your blood sugar levels well managed? ☐ Yes ☐ No
8. Is weight loss a goal? ☐ Yes ☐ No
If yes, have you been making progress? ☐ Yes ☐ No

My lifestyle

I'm active at least 30 minutes most days of the week.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I eat diabetes-friendly meals and snacks.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I am able to make healthy choices while socializing and dining out.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes



I count carbs.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I can tell when I'm stressed and use techniques to relax.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I make it a point to take my medicine as prescribed.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I see my healthcare team as recommended.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I sleep well and wake feeling rested and refreshed.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

I have energy to complete daily tasks and do the things I enjoy.

- ☐ Always ☐ Rarely
☐ Usually ☐ Never
☐ Sometimes

My roadblocks

Check all that apply to you.

- ☐ I have trouble remembering to take my medication.
- ☐ I experience too many side effects from my medication.
- ☐ I'm juggling too many injections.
- ☐ I'm fed up with counting carbs.
- ☐ I don't have time to exercise.
- ☐ I'm stressed and overwhelmed!
- ☐ I'm not sleeping well.
- ☐ I'm depressed.
- ☐ I'm having trouble identifying my blood sugar spikers.
- ☐ I'm embarrassed to get support from others at home and at work.
- ☐ I don't want to inject in public.
- ☐ I don't like to ask for accommodation when I'm around others.
- ☐ I'm worried about experiencing blood sugar highs/lows when I'm in public.
- ☐ I'm afraid of needles.
- ☐ I can't afford my medication.
- ☐ I find medication is too inconvenient with my busy lifestyle.
- ☐ I'm struggling with weight loss.



My peaks and valleys

My blood sugar runs high when ...

- ☐ I'm sick
- ☐ I drink alcohol
- ☐ I skip meals
- ☐ I don't get enough sleep
- ☐ I eat high-fat foods
- ☐ I consume caffeine
- ☐ I smoke
- ☐ I eat too many carbs
- ☐ I exercise too much
- ☐ I exercise too little
- ☐ I'm stressed
- ☐ I take other medications
- ☐ I don't drink enough water
- ☐ I drink soda
- ☐ I'm on my menstrual cycle
- ☐ It's very hot or very cold outside

This helps:

- ☐ Drinking more fluids and replacing sugary drinks with unsweetened tea or water
- ☐ Eating breakfast with fiber
- ☐ Meditating or practicing yoga
- ☐ Taking a walk
- ☐ Smart swapping high-fat and high-carb foods with low-carb and low-fat alternatives
- ☐ Losing weight
- ☐ Not smoking
- ☐ Cooking more at home
- ☐ Testing and checking blood sugar several times a day
- ☐ Keeping bedroom dark, cool and quiet to improve sleep
- ☐ Talking with support groups or friends/family
- ☐ Setting alerts for taking medication

My blood sugar runs low when ...

- ☐ I drink alcohol
- ☐ I skip or delay a meal
- ☐ I eat less than usual
- ☐ I don't eat enough before exercise
- ☐ I exercise longer or harder than usual
- ☐ I take too much insulin or medication
- ☐ I eat certain foods
- ☐ It's very hot
- ☐ I take certain long-acting diabetes medications

This helps:

- ☐ Carrying snacks
- ☐ Eating on a regimented schedule
- ☐ Setting alarms for meals and snacks
- ☐ Testing and checking blood sugar frequently
- ☐ Carrying glucose tabs or hard candy
- ☐ Limiting alcohol to the recommended amount

My diabetes care team

My team includes _____

My most recent A1C: _____

My fasting glucose is usually _____

I check my blood sugar ____ times/day.

My daily blood sugar goals:

Before breakfast _____

Before lunch _____

Before dinner _____

At bedtime _____