

Name: \_\_\_\_\_

Date: \_\_\_\_\_



# My I-SMART Diabetes Action Plan

**I**nspiring - **S**pecific **M**easurable **A**chievable **R**elevant **T**ime-specific

**Inspiring:** What is most important to YOU to work on?

\_\_\_\_\_

On a scale of 0-10, how important is this to you?

0    1    2    3    4    5    6    7    8    9    10

**Specific:** What will you do? Where will you do it? When will you do it?

\_\_\_\_\_

**Measurable:** How much will you do? How often will you do it?

\_\_\_\_\_

**Achievable:** What barriers, if any, do you expect to face? How will you overcome these barriers?

\_\_\_\_\_

On a scale of 0-10, how confident are you that you can complete this specific plan?

0    1    2    3    4    5    6    7    8    9    10

**Relevant:** How will this step help you achieve your overall goal?

\_\_\_\_\_

**Time-Specific:** How long will you do this experiment?

\_\_\_\_\_

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# My I-SMART Diabetes Action Plan



Inspiring - Specific Measurable Achievable Relevant Time-specific

Reward:

I will reward myself by:

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My I-SMART Plan:

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