

Mark sentences describing your everyday life with an X in the left-hand column.  
Indicate whether you would like to change behaviour in the right-hand columns (also with an X)

Patient name: \_\_\_\_\_ Completion date: \_\_\_\_\_ Interview date: \_\_\_\_\_

Characteristics of my everyday life:	I will like to change			I have no plans for changing my behaviour
	within the first month	within the first 6 months	after the first 6 months	
<input type="checkbox"/> I do not eat the meals I need according to my treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I do not adjust my insulin when what I drink and eat contains more carbohydrates than normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I eat too much when my blood glucose is low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I do not exercise enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I some times do not take the amount of insulin I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I do not adjust my intake of insulin or food enough in connection with exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I am overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I have problems with alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I discover low blood glucoses too late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I do not check my blood or urine as recommended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I am often under harmful stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I some times do not take prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Zoffmann 2004, Zoffmann in press

## Your plans to change your way of living

'Your plans to change your way of living' is one of 20 reflection sheets developed as a major part of a decision making method called Guided Self-Determination (GSD). GSD has been tested by nurses and people with type 1 diabetes and persistent poor glycaemic control both in one-to-one setting and in group training. Both qualitative evaluation and a randomized controlled trial confirmed the impact of GSD on people's life skills and A1C.

### **To overcome the barriers to change**

The recommended way of living with diabetes comprises many aspects, and each person with diabetes meets unique challenges in daily life to integrate those recommendations. Changing way of living is hard, but research based on 'self-determination theory' has confirmed that internal motivation facilitates accomplishment and maintenance of change.

The need to change will depend on nature and numbers of recommendations yet not integrated. Readiness to change depends on the person's own judgment and choice and can be pictured by themselves and others through their answer to questions about if and when they want to integrate recommendations yet not integrated.

### **Why using 'Your plans to change your way of living'**

Traditional conversations about the patients' way of living are time consuming and their effectiveness and appropriateness to accomplish changes can be questioned. 'Your plans to change your way of living' provides a quick overview of each person's needs and readiness to change.

The questions signal respect for the patient's personal choices and accordingly facilitate autonomous motivation.

The sheet helps patient and professionals to prioritize – where to start.

### **How to use 'Your plans to change your way of living'**

Patients prepare themselves by filling out the sheet at home before a conversation with a professional. It is important to respect choosing not to change an area and to be sure that patients who say they will change, are internally motivated and have found their own reasons for changing. Unrealistic plans must be challenged for instance if many recommendations are intended to be integrated at a time.

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