



# My Treatment Tracker.

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The Treatment Tracker is here to help you stick to your type 2 diabetes treatment plan.





**Healthy eating ✓**  
**Physical activity  
and exercise ✓**  
**Medication ✓**  
**Restful sleep ✓**

### **Did you know?**

It is very common for people to take more than one type of diabetes medication. Different medications work differently in the body to help you manage your diabetes. Lifestyle modifications such as healthy eating, physical activity and exercise might also be recommended along with medications. Your healthcare provider will work with you to determine a treatment plan that works best for you.

Use the space below to list your medications.

### **My medications**

### **Using this tracker**

Download it to your device or print it out and put it somewhere you see it daily, like your fridge or desk. That way, you can keep an eye on your progress!





Talk with your healthcare provider before changing your eating habits, level of physical activity or exercise, or sleep patterns.

# Month 3.

Let's get tracking!

Write out the treatment goals you'd like to work towards for this month:

To fill out the tracker, check off the box for each day once you've taken your medication. At the end of each week, give yourself a rating from 1 to 5 on how you feel you were able to adhere to your treatment plan.

	Medication							Healthy eating					Physical activity and exercise					Sleep patterns				
<b>WEEK 1</b>	Mo	Tu	We	Th	Fr	Sa	Su	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆
<b>WEEK 2</b>	Mo	Tu	We	Th	Fr	Sa	Su	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆
<b>WEEK 3</b>	Mo	Tu	We	Th	Fr	Sa	Su	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆
<b>WEEK 4</b>	Mo	Tu	We	Th	Fr	Sa	Su	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆