Diabetes: Tracking My Feelings

You can complete this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Fill in the following information about any negative feeling you have about diabetes.

My feeling is (for example, resentment):
I have this feeling because I think (for example, I resent the fact that I have diabetes and should eat less of some foods that I like):
I will let go of this feeling by (check all that apply):
will let go of this feeling by (check all that apply).
Writing about what I feel and reading out loud what I wrote.
Noticing positive changes (for example, feeling better when I eat more healthy foods.)
Talking with my family members or members of a diabetes support group.
Talking with my diabetes health professional.
Talking with a mental health professional. This feeling is really difficult for me and I would like to talk with a mental health professional about it.

