

Do this before your socks. Every day.

Most serious foot problems in diabetes start small — a blister from a new shoe, a crack in a dry heel, a warm spot nobody checked. Small is easy to treat. That's the whole reason for this sheet.

1. Sit down, in good light. **2.** Look at the top, the bottom and the heel of each foot, and between every toe. **3.** Can't see the bottom? Use a long-handled mirror, or ask someone — there's no prize for doing this alone. **4.** Look for anything **new**: a cut, blister, crack, red or dark spot, swelling, or fluid. **5.** Feel inside both shoes and shake them out. Clean socks, shoes on, then take your first step.

Check your socks when you take them off. Fluid or blood on a sock is often the first evidence of something you couldn't feel and hadn't spotted.

EMERGENCY DEPARTMENT, OR CALL 911

- Foot or leg suddenly cold, pale, blue, or very painful
- Any skin turning black
- Redness spreading fast, or fever or chills with a foot wound

CALL YOUR FOOT DOCTOR TODAY

- A new blister, cut, sore or crack
- Fluid, pus or blood on your sock
- A dark spot inside a callus
- Any part of the foot newly red, warm or swollen — **even if it doesn't hurt**
- A toenail that looks infected

Why “even if it doesn't hurt” is on that list. Diabetes can quiet the nerves that would otherwise send you to a doctor. The alarm doesn't go off. A warm, swollen foot with unbroken skin and no pain is the one people wait on, and it's the one that worries me most. — *Dr. Tom*

Week of

	M	T	W	T	F	S	S
Looked at both feet, all surfaces	☐	☐	☐	☐	☐	☐	☐
Checked between every toe	☐	☐	☐	☐	☐	☐	☐
Checked socks for fluid or blood	☐	☐	☐	☐	☐	☐	☐
Felt inside both shoes	☐	☐	☐	☐	☐	☐	☐
Wore shoes indoors too	☐	☐	☐	☐	☐	☐	☐

Something I noticed:

What I did about it:

A ticked box is not a substitute for a phone call. Anything new follows the lists above, however good your week looked.