



Self-Management Instructions

Name: _____ Date: _____

- Schedule your next health care provider's appointment for _____
- Meet with a diabetes educator
- Meet with a registered dietitian for meal plan

Check Your Blood Sugar

- | | |
|--------------|--|
| Days | <input type="radio"/> Monday |
| | <input type="radio"/> Tuesday |
| | <input type="radio"/> Wednesday |
| | <input type="radio"/> Thursday |
| | <input type="radio"/> Friday |
| | <input type="radio"/> Saturday |
| | <input type="radio"/> Sunday |
| Times | <input type="radio"/> Before Breakfast |
| | <input type="radio"/> After Breakfast |
| | <input type="radio"/> Before Lunch |
| | <input type="radio"/> After Lunch |
| | <input type="radio"/> Before Dinner |
| | <input type="radio"/> After Dinner |
| | <input type="radio"/> Bedtime |
| | <input type="radio"/> Middle of the Night |
| Goals | <input type="radio"/> Before meal:
80-130 mg/dL |
| | <input type="radio"/> 2 hours after meal:
less than 180 mg/dL |

Things to remember:

- Write your blood sugar levels down in a log book
- Bring your log book to your next check-up
- Eat your meals at the same time every day
- Check your feet every day
- Get some form of exercise daily
- Be sure your medications list is up-to-date

Call your health care provider

Immediately if:

- Your blood sugar falls below 70 mg/dL and you are unresponsive to food or glucose tablets

As soon as possible if:

- You have not eaten well or have not been able to consume sufficient fluids for 2 or more days
- You have a fever, abdominal pain, hypotension, lethargy or confusion, or respiratory distress
- Your blood sugar is greater than 300 mg/dL for 2 consecutive days

This health information is being provided for general educational purposes only. Your health care provider is the single best source of information regarding your health. Please consult your health care provider if you have any questions about your health or treatment.



Managing Your Diabetes

Medication	How Much I Take (Dose)	What Time(s) I Take It
Labs	How Often	Goals
A1C	2-4 times a year	Less than 7%*
Blood Pressure	Once a year	Less than 140/90 mm Hg [†]
HDL Cholesterol	Once a year	Greater than 40 mg/dL (men) Greater than 50 mg/dL (women)
Triglycerides	Once a year	Less than 150 mg/dL
Microalbumin	Once a year	Less than 30 µg/mg of creatinine
Exams/Shots	How Often	Goals
Dental Exam	Once a year	
Dilated Eye Exam	Once a year	
Foot Exam	2-4 times a year	
Weight	2-4 times a year	Short-term goal _____
Flu Shot	Once a year	

*A1C goal may be more or less depending on your age and/or health history. Senior goals may be less than 8%.

† 130/80 mm Hg for some individuals.

