

If you have **high blood glucose**, make notes in your log and talk with your health care team about possible changes to your meal plan, physical activity, or diabetes medications.

Low blood glucose occurs when your blood glucose level drops below 70 mg/dL. Symptoms include:

- hunger
- nervousness and shakiness
- sweating
- light-headedness or confusion
- sleepiness

If you think your blood glucose is too low, check it. If it's 70 mg/dL or less, have one of these items right away:

- 2 to 5 glucose tablets
- 1/2 cup (4 ounces) of fruit juice
- 1/2 cup (4 ounces) of a regular (not diet) soft drink
- 8 ounces of milk
- 5 to 7 pieces of hard candy
- 2 teaspoons of sugar or honey

After 15 minutes, check your blood glucose again. If it's still below 70 mg/dL, have another serving. Repeat these steps until your blood glucose is at 70 mg/dL.

Blood Glucose Log

Name: _____

Date: From _____ to _____

My Doctor

Name: _____

Phone: _____

My Diabetes Educator

Name: _____

Phone: _____

My blood glucose targets

Before meals: _____ to _____

2 hours after the start of a meal: Less than _____

TO MAKE MORE MONTHLY LOGS: Make one (1) copy of this page and two (2) copies of the next page. Cut the pages in half, placing this page on top. Staple in the upper left-hand corner and fold to fit in your pocket or purse.

FOR DIABETES INFORMATION: Contact the American Diabetes Association at **1-800-DIABETES** (342-2383) or visit **diabetes.org**.

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CUT HERE ✂

CUT HERE ✂

Date	Time	Breakfast	Medication/Comment	Time	Lunch	Medication/Comment	Time	Dinner	Medication/Comment	Time	Snack/Other	Medication/Comment

MAKE ONE (1) COPY OF THIS PAGE.

Date	Time	Breakfast	Medication/Comment	Time	Lunch	Medication/Comment	Time	Dinner	Medication/Comment	Time	Snack/Other	Medication/Comment

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Date	Time	Breakfast	Medication/Comment	Time	Lunch	Medication/Comment	Time	Dinner	Medication/Comment	Time	Snack/Other	Medication/Comment

MAKE TWO (2) COPIES OF THIS PAGE.

Si tiene **niveles altos de glucosa en la sangre**, anótelos en su diario y hable con su equipo de atención médica sobre la posibilidad de hacer cambios en su plan de alimentación, su actividad física o los medicamentos para la diabetes.

Los niveles bajos de glucosa en la sangre ocurren cuando sus niveles de glucosa descienden más allá de los 70 mg/dl.

Los síntomas incluyen:

- hambre
- nerviosismo y temblor
- sudor
- mareo o confusión
- somnolencia

Si cree que su nivel de glucosa en la sangre es demasiado bajo, contrólole. Si es de 70 mg/dl o inferior, ingiera uno de los siguientes productos inmediatamente:

- 2 a 5 tabletas de glucosa
- ½ taza (4 onzas) de jugo de fruta
- ½ taza (4 onzas) de una bebida gaseosa regular (no de dieta)
- 8 onzas de leche
- 5 a 7 caramelos duros
- 2 cucharadas de las de té de azúcar o miel

Después de transcurridos 15 minutos, vuelva a controlar su nivel de glucosa en la sangre. Si sigue estando por debajo de los 70 mg/dl, ingiera una porción más. Repita estos pasos hasta que su nivel de glucosa en la sangre sea de 70 mg/dl.

CORTAR AQUÍ <

Diario de los niveles de glucosa en la sangre

Nombre: _____

Fecha: Desde _____ hasta _____

Mi médico

Nombre: _____

Teléfono: _____

Mi educador sobre la diabetes

Nombre: _____

Teléfono: _____

Mis metas de glucosa en la sangre

Antes de las comidas: _____ hasta _____

2 horas después del comienzo de una comida: Menos de _____

PARA HACER MÁS DIARIOS MENSUALES: Haga una (1) copia de esta página y dos (2) copias de la página siguiente. Corte las páginas por la mitad, colocando esta página arriba. Engrápelas en la esquina superior izquierda y dóblelas para que entren en su bolsillo o monedero.

PARA OBTENER INFORMACIÓN SOBRE LA DIABETES: Comuníquese con la Asociación Americana de la Diabetes, llamando al **1-800-Diabetes** (342-2383) o visite **diabetes.org**.

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CORTAR AQUÍ <

Fecha	Hora	Desayuno	Medicamento/Comentario	Hora	Almuerzo	Medicamento/Comentario	Hora	Cena	Medicamento/Comentario	Hora	Merienda/Otro	Medicamento/Comentario

HAGA UNA (1) COPIA DE ESTA PÁGINA.

Fecha	Hora	Desayuno	Medicamento/Comentario	Hora	Almuerzo	Medicamento/Comentario	Hora	Cena	Medicamento/Comentario	Hora	Merienda/Otro	Medicamento/Comentario

----- CORTAR AQUÍ <

----- CORTAR AQUÍ <

Fecha	Hora	Desayuno	Medicamento/Comentario	Hora	Almuerzo	Medicamento/Comentario	Hora	Cena	Medicamento/Comentario	Hora	Merienda/Otro	Medicamento/Comentario

HAGA DOS (2) COPIAS DE ESTA PÁGINA.

PATIENT NAME _____

PATIENT PHONE _____

INSULIN NAME _____ DOSE (UNITS) _____ SHOTS/DAY _____

ORAL DIABETES MEDICATIONS _____ DOSE _____ TIMES/DAY _____

PHYSICIAN NAME _____

PHYSICIAN PHONE _____

ACCU-CHEK® 360° View blood glucose analysis system

		Day 1 Date _____							Day 2 Date _____							Day 3 Date _____							
		Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	
Time																							
Meal Size	S M L	-	S M L	-	S M L	-	S M L	-	-	S M L	-	S M L	-	S M L	-	-	S M L	-	S M L	-	S M L	-	S M L
Energy Level*	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Blood Glucose																							
BLOOD GLUCOSE RANGE	TOO HIGH	>300 mg/dL																					
		261-300 mg/dL																					
		221-260 mg/dL																					
		181-220 mg/dL																					
		141-180 mg/dL																					
		111-140 mg/dL**																					
		81-110 mg/dL**																					
TOO LOW	51-80 mg/dL																						
	<50 mg/dL																						

After Meal Goal ↙

Fasting/Before Meal Goal ↙

*ENERGY LEVEL					
What is your energy level?	1 Very Low	2 Somewhat Low	3 Moderate	4 Somewhat High	5 Very High

What did you learn from doing this analysis of your blood glucose results?

WARNING: Do not adjust your prescribed oral medication or insulin therapy without first consulting your physician.

Bring this form and your ACCU-CHEK blood glucose monitoring system to your next physician appointment.



** American College of Endocrinology Consensus Statement on Guidelines for Glycemic Control. 2002.

Instructions to patient:

Complete this form over

3 consecutive days.

Step 1

Fill in the **dates** for the days on which you will track your blood glucose results.

Step 2

Test your **blood glucose** using your ACCU-CHEK blood glucose monitoring system at the times indicated to the left.

Step 3

Enter the **time** of the test in the first row of the chart.

Step 4

Based on your normal eating habits, describe this **meal size** by circling Small, Medium or Large in the second row.

Step 5

Rate your **energy level** on a scale of **1** (very low) to **5** (very high) and circle that score here.

Step 6

Enter your **blood glucose value** in the fourth row for that day.

Step 7

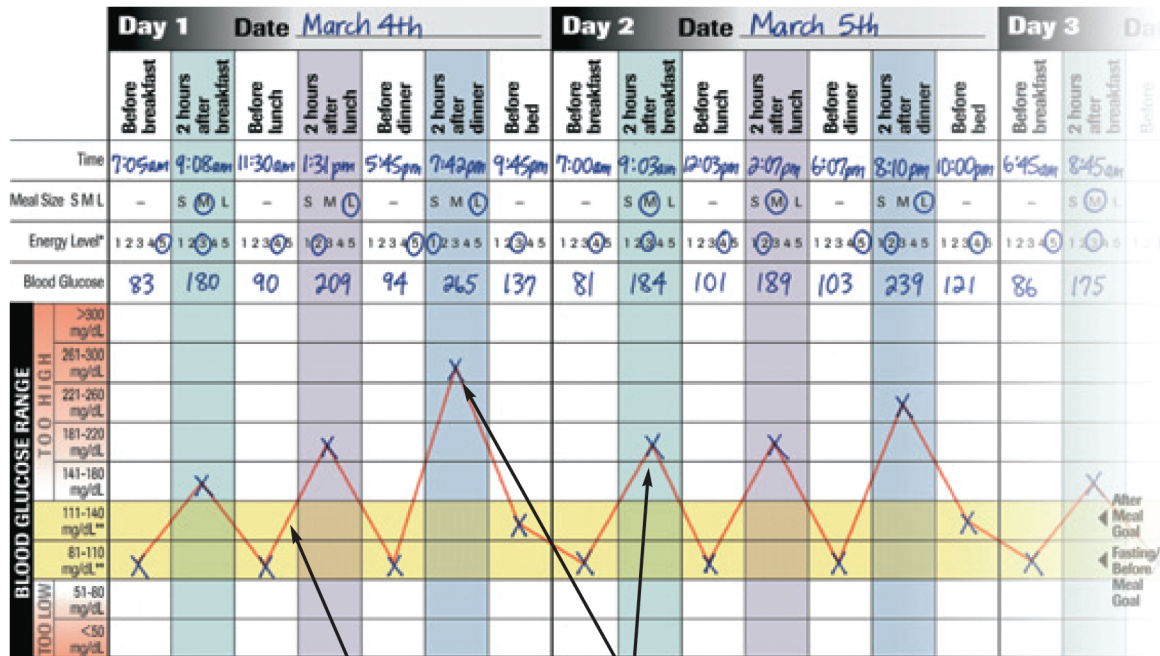
Graph your **blood glucose level** (from Step 6) by placing an **X** in the corresponding row of the chart. Then connect the Xs. See other side for example.

ACCU-CHEK® 360° View blood glucose analysis system

Data can show you:

- Trends in blood glucose levels
- The relationship between blood glucose values and
 - Time of day
 - Meal size
 - Energy level

ACCU-CHEK® 360° View blood glucose analysis system



** American College of Endocrinology Consensus Statement on Guidelines for Glycemic Control, 2002.

By drawing a line through the recorded results, you can easily identify trends in blood glucose.

Out-of-range blood glucose values can indicate a need for better blood glucose control, and might suggest the need to adjust and/or change therapy.

Note to patient:

Place the light yellow panel on this page alongside Page 1 to line up step-by-step instructions for completing this form

