

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	-	
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

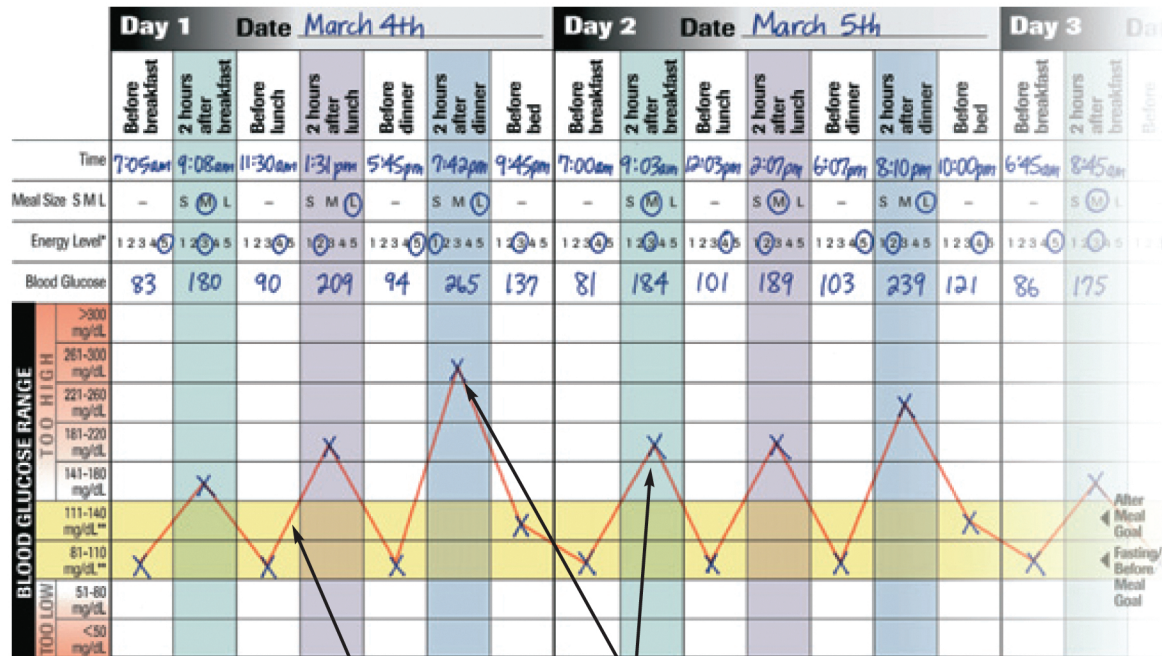
Graph your **blood glucose level** (from Step 6) by placing an **X** in the corresponding row of the chart. Then connect the Xs. See other side for example.

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

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** 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



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