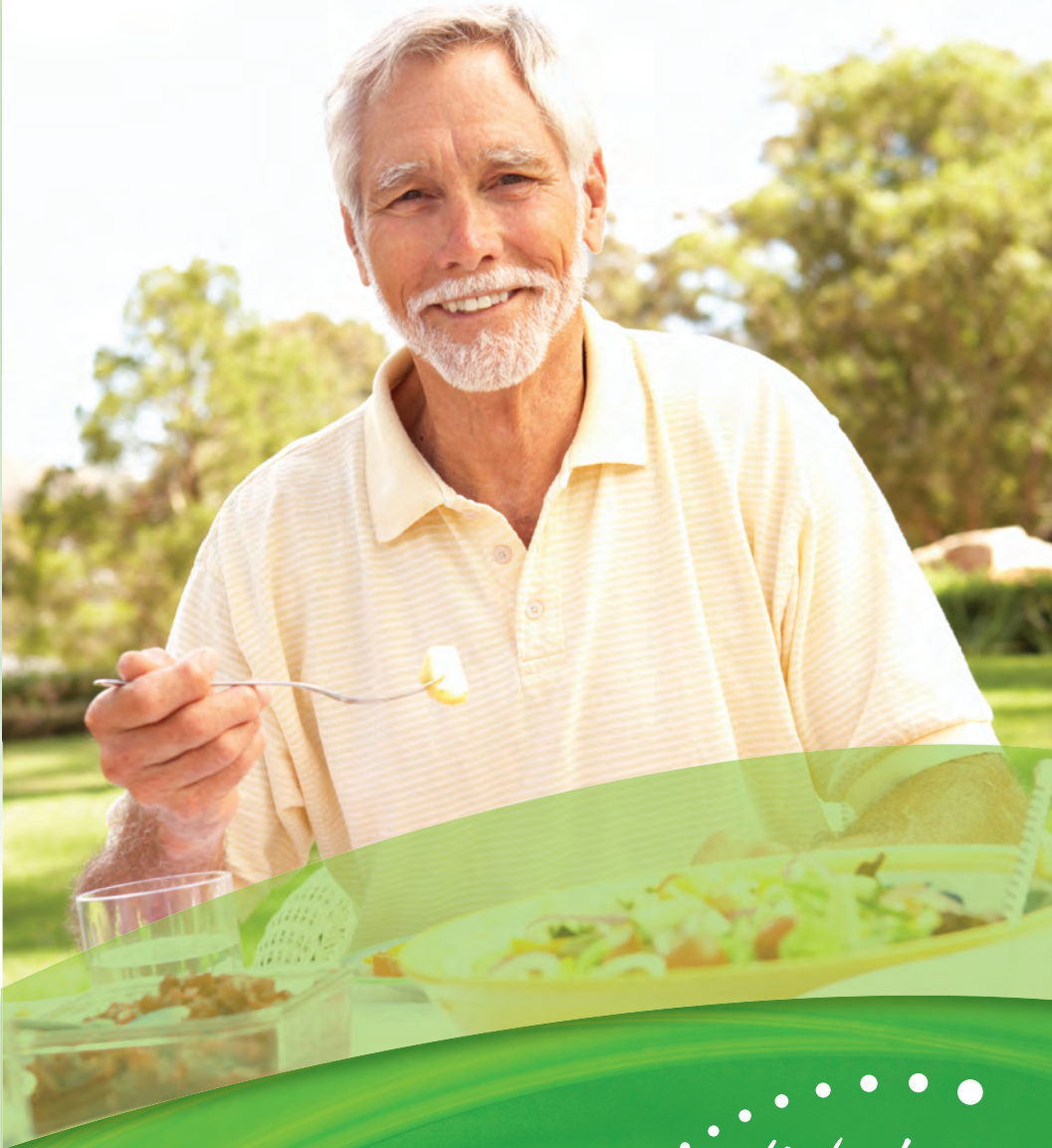


For People With Diabetes

Blood Sugar Diary



diabetes

A Circle of Help to Live a Healthy Life

You are the center of a healthy life with diabetes. All the elements of good care begin and end with you.



The Importance of Knowing Your Blood Sugar Level

Your blood sugar level (also called blood glucose level) shows how well you are controlling your diabetes. And that's important, since keeping your sugar under control will help you feel better and could help you live a healthy, long life. You can test at home—self-monitor—to learn what your blood sugar level is at any time.

Keep a Record

Each time you check your blood sugar level, make a record in this diary. Over time, you will be able to see what makes your level go up or down. Take this diary with you when you visit your health care provider and other members of your health care team. They need this information to help you take control of your diabetes and to help you make your meal, exercise, and medicine plans work for you.

Self-monitoring Goals

The American Diabetes Association suggests goals for blood sugar levels (with self-monitoring) for adults with diabetes:

Blood sugar target before meals: 70-130 mg/dL

Blood sugar target 1-2 hours after beginning of meals: <180 mg/dL



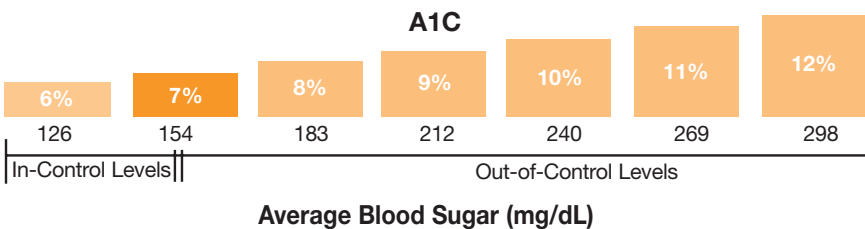
A1C Record

Your health care provider will do a blood test in the office that is called an A1C test. The A1C test shows your average blood sugar level over the past 2 to 3 months. Your blood sugar is under control if your A1C is less than 7%.

Each time your health care provider tests your A1C level, ask for the number and make a record of it. You will then know what your blood sugar level is over the long term.

How Average Blood Sugar Affects A1C

A fasting blood sugar test shows how you're doing during that period of the day. An A1C test shows where your blood sugar level has been over the past 2 to 3 months.



My Blood Sugar Goals

Talk to your health care team about setting goals.

Before meals, my target blood sugar range is _____ mg/dL to _____ mg/dL.

Two hours after starting meals, my target blood sugar range is _____ mg/dL to _____ mg/dL.

I need to test my blood sugar _____ times a day.

- When I wake up
- Before lunch
- Before dinner
- Before bed
- Before exercise
- After exercise
- Other _____
- After breakfast
- After lunch
- After dinner



Week of:

2/15/12

My target blood sugar ranges are

	Medicine*	Breakfast		Medicine	Lunch	
		Time Before/After			Time Before/After	
Mon	✓	102			125	
		8 AM			12:30 PM	
Tues	✓	97			140	180
		7:30 AM			12 PM	1 PM
Wed	✓	100			129	
		7:30 AM			12 PM	
Thurs						
Fri						
Sat						
Sun						

* "Medicine" column: Write out the medicine names and the amounts taken.

Week of: _____

My target blood sugar ranges are _____

	Medicine*	Breakfast Time Before/After		Medicine	Lunch Time Before/After	
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

* "Medicine" column: Write out the medicine names and the amounts taken.

_____ mg/dL to _____ mg/dL before meals.
 _____ mg/dL to _____ mg/dL 2 hours after meals.

Medicine	Dinner Time Before/After		Medicine	Bedtime Time	Comments



70 mg/dL to 130 mg/dL before meals.
160 mg/dL to 180 mg/dL 2 hours after meals.

Medicine	Dinner Time Before/After		Medicine	Bedtime Time	Comments
	135	165		140	
	5 PM	7 PM		10 PM	
	130			175	
	5:30 PM			9:30 PM	
	130			128	
	5 PM			10:30 PM	



Week of: _____

My target blood sugar ranges are

	Medicine*	Breakfast Time Before/After		Medicine	Lunch Time Before/After	
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

* "Medicine" column: Write out the medicine names and the amounts taken.

_____ mg/dL to _____ mg/dL before meals.
 _____ mg/dL to _____ mg/dL 2 hours after meals.

Medicine	Dinner Time Before/After		Medicine	Bedtime Time	Comments



Week of: _____

My target blood sugar ranges are

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Week of: _____

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* "Medicine" column: Write out the medicine names and the amounts taken.

_____ mg/dL to _____ mg/dL before meals.
_____ mg/dL to _____ mg/dL 2 hours after meals.

Medicine	Dinner Time Before/After		Medicine	Bedtime Time	Comments



Time period: _____ to _____

This book belongs to

Name _____

Address _____

Phone _____

I have diabetes. In case of emergency, please notify:

Name _____

Address _____

Phone _____

Health Care Provider or Diabetes Educator:

Name _____

Phone _____

To Learn More About Diabetes

American Association of Clinical Endocrinologists (AACE)
(904) 353-7878

www.aace.com

SCAN Health Plan is a Medicare Advantage Organization with a Medicare contract. For questions about your Diabetes or any other health concerns, please call your doctor. If you have questions about your SCAN benefits, please call Member Services at 1-800-559-3500, 7 a.m. - 8 p.m., seven days a week (TTY: 711).

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