

# My Diabetes Monitoring Record

Healthy Behaviour Choices <i>(talk to team every 3 months)</i>					
	Personal Goals	Date: _____	Date: _____	Date: _____	Date: _____
Weight					
BMI					
Waist circumference					
Physical activity					
Nutrition and/or changes to diet					
Average weekly alcohol intake					
Smoking status					
Glucose Control					
A1C (every 3 months)	Target: < 7% or: _____				
Meter vs. Lab glucose comparison (annual)	A difference less than 15% is acceptable (for blood glucose levels > 4.2 mmol/L)				
Target blood sugars	Pre-meal/fasting target _____  2-hour post meal target _____				
Hypoglycemia (yes/no)					
Blood Pressure <i>(self-monitor, and at every visit)</i>					
Blood Pressure (BP)	Target: < 130/80 mm Hg or: _____				

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### Cholesterol *(annual; each visit if not at target)*

	Personal Goals	Date: _____	Date: _____	Date: _____	Date: _____
LDL-C	Target: <2.00 mmol/L or: _____				
Or Non-HDL	Target: < 2.6 mmol/L				
Or apo-B	Target: < 0.80 g/L				

### Kidney Care *(annual; each visit if abnormal)*

eGFR					
ACR					

### Eye Care *(annual or as directed by eye specialist)*

		Date:	Notes:
Eye exam			

### Mental Health *(talk to a team member every 3 months)*

Stress, mood, anxiety, relationships					
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### Vaccinations

Influenza (annual)		Yes: <u>write date</u>	Yes: <u>write date</u>	Yes: <u>write date</u>	Yes: <u>write date</u>
		No: <u>write date</u>	No: <u>write date</u>	No: <u>write date</u>	No: <u>write date</u>
Pneumococcal (once; repeat if > 65 years old)		Yes: <u>write date</u>	Yes: <u>write date</u>		
		No: <u>write date</u>	No: <u>write date</u>		
Other vaccines					

### Management Plans

Women: (contraception/ pregnancy planning)		Yes: ___ No: ___ Date: _____ Follow up date: _____
Driving guidelines reviewed		Yes: ___ No: ___ Date: _____
Sick-day management plan made & reviewed		Yes: ___ No: ___ Date: _____