

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: _____ | | | | |

Continued on back >

| Cholesterol <i>(annual; each visit if not at target)</i> | | | | | |
|---|-----------------------------------|--|---|---|---|
| | 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 <i>(annual; each visit if abnormal)</i> | | | | | |
| eGFR | | | | | |
| ACR | | | | | |
| Eye Care <i>(annual or as directed by eye specialist)</i> | | | | | |
| Eye exam | | Date: | Notes: | | |
| Mental Health <i>(talk to a team member every 3 months)</i> | | | | | |
| Stress, mood, anxiety, relationships | | | | | |
| Vaccinations | | | | | |
| Influenza (annual) | | Yes: <u>write date</u> No: <u>write date</u> | Yes: <u>write date</u> No: <u>write date</u> | Yes: <u>write date</u> No: <u>write date</u> | Yes: <u>write date</u> No: <u>write date</u> |
| Pneumococcal (once; repeat if > 65 years old) | | Yes: <u>write date</u> No: <u>write date</u> | Yes: <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: _____ | | | |