

PATIENT NAME & AGE _____

PATIENT PHONE _____

INSULIN NAME (BASAL/BOLUS) _____

INSULIN/ CARB RATIO _____

CORRECTIVE DOSE UNITS _____

B _____

L _____

D _____

ORAL DIABETES MEDICATIONS _____

DOSE _____

TIMES/DAY _____

DOCTOR NAME _____

DOCTOR PHONE _____

		Day 1						Day 2						Day 3								
		Date _____						Date _____						Date _____								
		Before breakfast	2 hrs. after breakfast	Before lunch	2 hrs. after lunch	Before dinner	2 hrs. after dinner	Before bed/overnight	Before breakfast	2 hrs. after breakfast	Before lunch	2 hrs. after lunch	Before dinner	2 hrs. after dinner	Before bed/overnight	Before breakfast	2 hrs. after breakfast	Before lunch	2 hrs. after lunch	Before dinner	2 hrs. after dinner	Before bed/overnight
Time																						
Carb meal size S M L or # of grams		S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	S M L or g	
Insulin Dose																						
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	
Activity**																						
Blood Sugar																						
BLOOD SUGAR RANGE	HIGH	>300 mg/dL																				
		261-300 mg/dL																				
		221-260 mg/dL																				
		181-220 mg/dL																				
		141-180 mg/dL																				
		111-140 mg/dL ¹																				
		81-110 mg/dL ¹																				
	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 discover about your blood sugar patterns by using this tool?

**ACTIVITY	
Example:	walked dog, 10 minutes, 10 AM

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

Bring this form and your ACCU-CHEK® meter to the next appointment with your healthcare provider.

ACCU-CHEK® 360° View Tool

Proven to lower A1C when used together with a doctor²

- Provides you with a quick snapshot of your blood sugar patterns
- Helps you track your blood sugar numbers, meal sizes and energy and activity levels at specific times over just 3 days
- Use it when you want to see how food, exercise, medications, even stress or illness can affect your blood sugar throughout the day or to pinpoint what to work on first

Take your completed tool to your healthcare provider to talk about the patterns you see.

		Day 1		Date <i>March 4</i>							Day 2		Date <i>March 5</i>							Day 3		Date
		Before breakfast	2 hrs. after breakfast	Before lunch	2 hrs. after lunch	Before dinner	2 hrs. after dinner	Before bed/overnight	Before breakfast	2 hrs. after breakfast	Before lunch	2 hrs. after lunch	Before dinner	2 hrs. after dinner	Before bed/overnight	Before breakfast	2 hrs. after breakfast	Before lunch				
Time		<i>7:05 am</i>	<i>9:08 am</i>	<i>11:30 am</i>	<i>1:25 pm</i>	<i>5:45 pm</i>	<i>7:42 pm</i>	<i>9:45 pm</i>	<i>7:00 am</i>	<i>9:05 am</i>	<i>12:03 pm</i>	<i>2:07 pm</i>	<i>6:07 pm</i>	<i>8:10 pm</i>	<i>10:00 pm</i>	<i>6:52 am</i>	<i>8:45 am</i>	<i>11:38 am</i>				
Carb meal size S M L or # of grams		S M L or <i>19</i> g	S M L or <i>42</i> g	S M L or <i>51</i> g		S M L or <i>51</i> g		S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g	S M L or <i>51</i> g				
Insulin Dose		<i>5U</i>	<i>3U</i>	<i>3U</i>	<i>2U</i>	<i>3U</i>	<i>2U</i>	-	<i>3U</i>	<i>1U</i>	<i>5U</i>	<i>3U</i>	<i>1U</i>	<i>2U</i>	-	<i>3U</i>	<i>2U</i>	<i>1U</i>				
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				
Activity**				<i>grocery shopping</i> <i>1 hour, 10:15 am</i>									<i>mowed lawn</i> <i>20 min., 7:30 pm</i>									
Blood Glucose		<i>83</i>	<i>180</i>	<i>90</i>	<i>209</i>	<i>94</i>	<i>265</i>	<i>137</i>	<i>81</i>	<i>184</i>	<i>101</i>	<i>189</i>	<i>103</i>	<i>239</i>	<i>121</i>	<i>86</i>	<i>175</i>	<i>112</i>				
BLOOD GLUCOSE RANGE	HIGH	>300 mg/dL																				
		261-300 mg/dL																				
		221-260 mg/dL																				
		181-220 mg/dL																				
		141-180 mg/dL																				
		111-140 mg/dL ¹																				
	81-110 mg/dL ¹																					
	51-80 mg/dL																					
LOW		< 50 mg/dL																				

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

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

Instructions to patient:

Complete this form over 3 consecutive days.

Step 1

Fill in the **dates** for the days you will track your blood sugar results.

Step 2

Test your **blood sugar** using your ACCU-CHEK meter at the times shown for each day.

Step 3

In the "Time" row, enter the **time** you checked.

Step 4

Based on your normal eating habits, describe your **carb meal size** by circling **Small**, **Medium** or **Large** or by entering the # of grams.

Step 5

Enter your **insulin dose** in the "Insulin Dose" row. This can be your corrective dose or food dose or the combination.

Step 6

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

Step 7

Enter the type of **activity** you performed along with the length and time of day (e.g., vacuuming, 20 min., 10 AM).

Step 8

In the "Blood Sugar" row, enter your **blood sugar number**.

Step 9

Graph your **blood sugar level** (from Step 8) by placing an **X** in the corresponding row of the chart. Then connect the Xs. You can also add a note next to the Xs that are out of range to remind yourself what was happening at the time.

Experience what's possible.

¹ American Association of Clinical Endocrinologists Task Force for Developing a Diabetes Comprehensive Care Plan. American Association of Clinical Endocrinologists medical guidelines for clinical practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract.* 2011;17(suppl 2):S1-S52.

² Polonsky WH, et al. Structured self-monitoring of blood glucose significantly reduces A1C levels in poorly controlled, noninsulin-treated type 2 diabetes: results from the Structured Testing Program study. *Diabetes Care.* 2011;34(2):262-267.

