

Managing Your Diabetes®

Self-Care Diary



Lilly Partnership in Diabetes

Lilly

Answers That Matter.

Name _____

Address _____

City _____

State _____ Zip _____

Telephone _____

I have diabetes.

In case of emergency, please call:

Name _____

Address _____

Telephone _____

Doctor's Name _____

Telephone _____

Hospital _____

Pharmacy _____

Telephone _____

Diabetes Educator's Name _____

Telephone _____

Staying in Control

One of the best things you can do to stay in control of your diabetes is to maintain your **blood sugar** levels and **A1C** results within the target range set by you, your doctor and/or your diabetes educator. To know whether your blood sugar levels are in range, you need to check your blood sugar throughout the day and have an A1C test performed at your doctor's office at least every three to six months. (Talk to your doctor or diabetes educator for more information about how to check your A1C.)

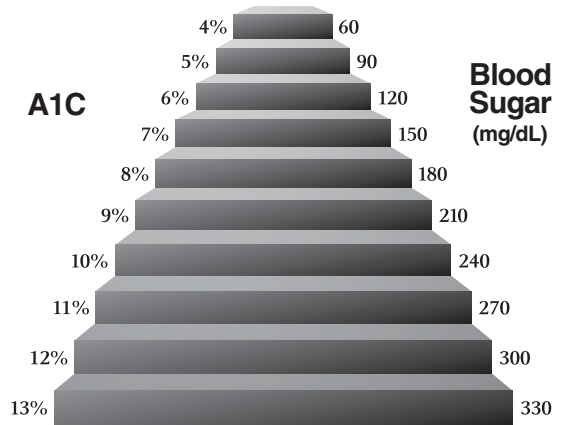
Both tests provide you and your healthcare team with important information about your blood sugar control. Your home blood sugar result is like a snap shot. It tells you what your blood sugar level is at the exact time you check it. The A1C result tells you what your average blood sugar has been for the past two months. When you meet with your doctor or diabetes educator to set your goals for these tests,

complete the section of this diary called "Your Diabetes Plan" so you will always know your target ranges.

Keep your diary up-to-date and take it when you visit your healthcare team. This will help them find any patterns (such as high blood sugar levels in the morning) that may require changes to your medication or meal plan to improve control. By making regular, daily entries in this diary, you will be an active partner in maintaining the best possible control over your diabetes.

How to Compare Values

This chart shows the average blood sugar that corresponds to the A1C test results.* Your doctor and/or diabetes educator will help you set your goal.



* Reference: Diabetes Control and Complications Trial (DCCT): Results of Feasibility Trial. Diabetes Care. Volume 10: 1-19, 1987.

Meal Planning

Despite what you may have heard, having diabetes does not mean you have to give up the foods you enjoy. However, learning to eat healthy, satisfying meals is an important part of your treatment. Starches and sugars (*carbohydrates*) have more effect on blood sugar than protein or fat. By keeping track of the carbohydrates you eat and spreading them throughout the day, you can help control your blood sugar. Your healthcare team can help you learn what is right for you and can list the amounts in the chart below.

	Breakfast	Lunch	Dinner	Snack
Carbohydrates				
Other				

Health Checklist

Here are some key things you need to do to stay feeling your best. Be sure to list your test values and information in the chart below for your own records. Keep this handy and refer to it often. **When you start a new diary, write down your last test result in the new diary.**

My Health Record	Date _____	Date _____	Date _____	Date _____
Every Visit:				
Blood Pressure				
Weight				
Visual Foot Exam				
Every 3–6 Months:				
A1C				
A1C Normal Range				
Every Year:				
Total Cholesterol				
HDL Cholesterol				
LDL Cholesterol				
Triglycerides				
Kidney Checks				
Comprehensive Foot Exam				
Dilated Eye Exam				

- See your doctor and/or diabetes educator at least every 3–6 months
- Blood pressure check at every visit (Target goal less than 130/80)
- Visual foot exam every visit; comprehensive foot exam at least every year
- Have an A1C test at least every 3–6 months
- Check blood fats (lipids) at least every year
- Kidney check (microalbumin) at least every year
- Dilated eye exam at least every year*

* Yearly exams for all people with type 2 diabetes. Yearly exams for people with type 1 diabetes beginning 5 years after diagnosis.

Enter the following information:

1 Write in the date of the week.

2 Write in the time and result of your blood sugar test on the line that shows the time that it was taken (breakfast, after breakfast, etc.)

Week of **1** 6/24/02

Blood Sugar	Breakfast	After Breakfast	Lunch	After Lunch	Dinner	After Dinner	Bedtime	Night
Monday	2							
Tuesday	7:30 / 151	9:30 / 128	11:20 / 119		5:40 / 178	7:30 / 62		
Wednesday	7:15 / 136		11:25 / 130		5:30 / 168			
Thursday	7:30 / 252		11:20 / 156		5:35 / 149			
Friday								
Saturday								
Sunday								

3 Write in the units and type of insulin on the line that shows the time it was taken.

4 Write in any other diabetes medications that you and your doctor may want to track and the time you take each dose.

5 Write in any special notes you think may be important to know (such as a big meal, illness, stress, exercise, urine ketone test result, etc.).

Insulin	Morning	Noon	Evening	Bedtime	Oral Agent(s)	Comments (illness, reactions, urine ketones, activities)
Monday Units / Type	3				4	5
Tuesday Units / Type	4H 7N	5H	9H	14N		EXERCISED AFTER DINNER AND HAD LOW SUGAR
Wednesday Units / Type						
Thursday Units / Type						NOT FEELING WELL, KETONES NEG
Friday Units / Type						
Saturday Units / Type						
Sunday Units / Type						

Week of _____

Blood Sugar	Breakfast	After Breakfast	Lunch	After Lunch	Dinner	After Dinner	Bedtime	Night
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Insulin	Morning	Noon	Evening	Bedtime	Oral Agent(s)	Comments (illness, reactions, urine ketones, activities)
Monday Units / Type						
Tuesday Units / Type						
Wednesday Units / Type						
Thursday Units / Type						
Friday Units / Type						
Saturday Units / Type						
Sunday Units / Type						

www.LillyDiabetes.com

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