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Records for Sick Days

How often	Question	Answer	
Every day	How much do you weigh today?	_____ pounds	
Every evening	How much liquid did you drink today?	_____ glasses	
Every morning and every evening	What is your temperature?	_____ a.m. _____ p.m.	
Every 4 hours or before every meal	How much insulin did you take?	Time	Dose
		_____	_____
		_____	_____
		_____	_____
		_____	_____
Every 4 hours	What is your blood glucose level?	Time	Blood glucose
		_____	_____
		_____	_____
		_____	_____
		_____	_____
Every 4 hours or each time you pass urine	What are your urine ketones?	Time	Ketones
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Every 4 to 6 hours	How are you breathing?	Time	Condition
		_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____

Reminders for Sick Days

Call your health care provider if any of these happen to you:

- You feel too sick to eat normally and are unable to keep down food for more than 6 hours.
- You're having severe diarrhea.
- You lose 5 pounds or more.
- Your temperature is over 101°F.
- Your blood glucose is lower than 60 mg/dL or remains over 300 mg/dL.
- You have moderate or large amounts of ketones in your urine.
- You're having trouble breathing.
- You feel sleepy or can't think clearly.

If you feel sleepy or can't think clearly, have someone call your health care provider or take you to an emergency room.

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Each Visit

Have your health care provider do these tests and set goals with you.
(Record dates and results in the boxes below.)

Tests and Goals	Dates and Results					
Blood Glucose (mg/dL)	<i>2/1/2000</i> 145	<i>6/11/2000</i> 118	<i>9/28/2000</i> 180	<i>1/5/2001</i> 105	<i>4/3/2001</i> 110	
A1C Test/Goal (%)	<i>9.0</i> / <i>8.0</i>	<i>8.9</i> / <i>8.0</i>	<i>8.4</i> / <i>7.5</i>	<i>not done</i>	<i>8.2</i> / <i>7.5</i>	
Weight/Goal (pounds)	<i>180</i> / <i>170</i>	<i>175</i> / <i>165</i>	<i>172</i> / <i>165</i>	<i>170</i> / <i>165</i>	<i>165</i> / <i>160</i>	
Blood Pressure (goal: <u>120</u> / <u>80</u> mm Hg)	<i>140/90</i>	<i>140/86</i>	<i>138/84</i>	<i>136/82</i>	<i>124/80</i>	
Foot Check	3	3	3	3	3	

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Tests and Goals	Dates and Results					
Blood Glucose (mg/dL)						
A1C Test/Goal (%)	/	/	/	/	/	/
Weight/Goal (pounds)	/	/	/	/	/	/
Blood Pressure (goal: ___ / ___ mm Hg)						
Foot Check						

At Least Once a Year

Have your health care provider do these tests and other services for you.
You may want to set some goals for these. (Record the dates and results in the boxes below.)

Tests and Other Services	Dates and Results						
Flu Shot	<i>10/2/1999</i>	<i>10/20/2000</i>	<i>11/1/2001</i>				
Urine Protein or Microalbumin (mg)	<i>10/2/1999</i> <i>40</i>	<i>10/20/2000</i> <i>50</i>	<i>11/1/2001</i> <i>55</i>				
Blood Creatinine (mg/dL)	<i>1.0</i>	<i>1.2</i>	<i>1.1</i>				
Total Cholesterol (mg/dL)	<i>190</i>		<i>175</i>				
HDL Cholesterol (mg/dL)	<i>30</i>	<i>35</i>	<i>40</i>				
LDL Cholesterol (mg/dL)	<i>150</i>	<i>140</i>	<i>135</i>				
Triglycerides (mg/dL)	<i>338</i>	<i>300</i>	<i>250</i>				
Tobacco Use	<i>5 cigars a day</i>	<i>2 cigars</i>	<i>0</i>				
Eye Exam (dilated)	<i>8/11/1999</i>	<i>10/1/2000</i>	<i>10/20/2001</i>				
Foot Exam	<i>10/2/1999</i>	<i>10/20/2000</i>	<i>11/1/2001</i>				

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Flu Shot								
Urine Protein or Microalbumin (mg)								
Blood Creatinine (mg/dL)								
Total Cholesterol (mg/dL)								
HDL Cholesterol (mg/dL)								
LDL Cholesterol (mg/dL)								
Triglycerides (mg/dL)								
Tobacco Use								
Eye Exam (dilated)								
Foot Exam								

Glucose Log Sheet for People Who Do Not Use Insulin

Personal target Goal: Fasting 90-130/After meals less then 180

Medicine: Glyburide 10 mg twice a day. glucophage 1000 mg twice a day.

	Breakfast	Lunch	Dinner	Bedtime	Other	Notes
	Blood Sugar					
Mon	108	118	121	112		
Tues	112	109		*151		* Missed evening walk. Start back tomorrow!
Wed	125	122	130	*121		
Thurs	114	129	185	*242		* Sick with flu? Drinking diet soda. Ketones negative.
Fri	156	148	135	130		Feeling better today.
Sat	128		125	*151	129 11p.m.	* Extra juice made sugar go up.
Sun	120	119	*168	133		* Lunch at church.

Glucose Log Sheet for People Who Do Not Use Insulin

Use this log sheet—or one like it that your health care provider may give you—to keep a record of your daily blood glucose levels.

Daily Log

Week Starting _____

	Breakfast	Lunch	Dinner	Bedtime	Other	Notes
	Blood Sugar					
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Sun						

Glucose Log Sheet for People Who Use Insulin

Use this log sheet—or one like it that your health care provider may give you—to keep a record of your daily blood glucose levels.

May 26, 2001

	Insulin Type	Breakfast		Lunch		Dinner		Bedtime		Other		Notes
		Dose	Blood Sugar	Dose	Blood Sugar	Dose	Blood Sugar	Dose	Blood Sugar	Dose	Blood Sugar	
Mon	Reg	8	121	3	187	4	118		106			
	NPH	20						8				
Tues	Reg	8	112	2	104	4	115		130			
	NPH	20						8				
Wed	Reg	8	109	3	158	4	161	4	*242	155 10p.m		<i>*Didn't eat much lunch – Busy day!</i>
	NPH	20						8				
Thurs	Reg	8	111	2	114	4	110		113			
	NPH	20						8				
Fri	Reg	8	102	2	112	4	68		115			
	NPH	20						8				
Sat	Reg	8	124	3	161	4	118		122			
	NPH	20						8				
Sun	Reg	8	*175	2	99	4	110		109			<i>*Slept late.</i>
	NPH	20						8				

