

# Tracking your diabetes journey



This content was developed by Lilly Medical and is intended to be used by HCPs for medical, scientific, and educational purposes.

**This booklet belongs to:**

**Date started:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_  
Area Code

**In Case of Emergency, Call:** (     ) \_\_\_\_\_  
Area Code

**Email:** \_\_\_\_\_

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# Living with diabetes

Diabetes can be hard to manage. This booklet can help you organize some of the actions that help you manage it, like checking your blood sugar.

You're not alone. Your healthcare team will help you learn more about managing your diabetes.

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## Important information

Use the spaces below to write out the names and phone numbers of the people on your healthcare team.

| Healthcare Team                                                         | Name | Phone Number |
|-------------------------------------------------------------------------|------|--------------|
| Primary care doctor                                                     |      |              |
| Diabetes Care and Education Specialist                                  |      |              |
| Endocrinologist (en-doh-kruh- <b>nol</b> -uh-jist)<br>(Diabetes doctor) |      |              |
| Ophthalmologist (of-thuh l- <b>mol</b> -uh-jist)<br>(Eye doctor)        |      |              |
| Podiatrist (Foot doctor)                                                |      |              |
| Nephrologist (Kidney doctor)                                            |      |              |
| Registered Dietitian                                                    |      |              |
| Pharmacist                                                              |      |              |
| Dentist                                                                 |      |              |
| Trusted family member/friend                                            |      |              |

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## How to use this booklet



Bring this booklet to all visits with your healthcare team.



With your healthcare provider, plan what good looks like and what to do if you are not able to reach the goals you and your provider set.



Record your results and testing dates in this booklet.



Use your results to talk about your treatment plan with your healthcare team.



Share with your healthcare team the things that are working well and those that are not.



# How to use the daily tracker

|                                                                                   | Sun            |
|-----------------------------------------------------------------------------------|----------------|
|  |                |
| <b>Morning</b>                                                                    |                |
| <input type="checkbox"/> Before a meal                                            | 200            |
| <input checked="" type="checkbox"/> After a meal                                  | 180            |
|                                                                                   | 160 168        |
|                                                                                   | 140            |
|                                                                                   | 120            |
|                                                                                   | 100            |
|                                                                                   | 80             |
|                                                                                   | 70             |
|                                                                                   | Carb choices 3 |
|  |                |
| <b>Evening</b>                                                                    |                |
| <input checked="" type="checkbox"/> Before a meal                                 | 200            |
| <input type="checkbox"/> After a meal                                             | 180            |
|                                                                                   | 160            |
|                                                                                   | 140            |
|                                                                                   | 120 110        |
|                                                                                   | 100            |
|                                                                                   | 80             |
|                                                                                   | 70             |
|                                                                                   | Carb choices 1 |
| Notes                                                                             | Noticed        |

1

Write your blood sugar number on the chart.

Mark whether you are checking it before a meal, or up to two hours after a meal.

If your blood sugar is **below 70**, see page 37 for ideas on how to bring it up. If your blood sugar level is **above 200**, ask your doctor what they would like you to do.

3

If you are counting carbohydrates, record your choices. Go to page 35 for more information on carb counting.

# Week beginning on \_\_\_\_\_

-  **Morning**
- ☐ Before a meal
- ☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
| 160                |                    |                    |                    |                    |                    |                    |
| 140                |                    |                    |                    |                    |                    |                    |
| 120                |                    |                    |                    |                    |                    |                    |
| 100                |                    |                    |                    |                    |                    |                    |
| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

-  **Evening**
- ☐ Before a meal
- ☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
| 160                |                    |                    |                    |                    |                    |                    |
| 140                |                    |                    |                    |                    |                    |                    |
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| 100                |                    |                    |                    |                    |                    |                    |
| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
| 160                |                    |                    |                    |                    |                    |                    |
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| 120                |                    |                    |                    |                    |                    |                    |
| 100                |                    |                    |                    |                    |                    |                    |
| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |



**Evening**

☐ Before a meal

☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Week beginning on \_\_\_\_\_

-  **Morning**
- ☐ Before a meal
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| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
| 160                |                    |                    |                    |                    |                    |                    |
| 140                |                    |                    |                    |                    |                    |                    |
| 120                |                    |                    |                    |                    |                    |                    |
| 100                |                    |                    |                    |                    |                    |                    |
| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

-  **Evening**
- ☐ Before a meal
- ☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Week beginning on \_\_\_\_\_

  
**Morning**  
☐ Before a meal  
☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
| 160                |                    |                    |                    |                    |                    |                    |
| 140                |                    |                    |                    |                    |                    |                    |
| 120                |                    |                    |                    |                    |                    |                    |
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| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

  
**Evening**  
☐ Before a meal  
☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| 120                |                    |                    |                    |                    |                    |                    |
| 100                |                    |                    |                    |                    |                    |                    |
| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Did you know?

**Health plans may often cover part of your comprehensive eye exams.**

Call your insurance provider to get the name of an eye doctor who can do the exam for you.

Write your eye doctor's name and telephone number here:

---



# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |



**Evening**

☐ Before a meal

☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
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**Morning**

☐ Before a meal

☐ After a meal

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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |



**Evening**

☐ Before a meal

☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Week beginning on \_\_\_\_\_

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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

-  **Evening**
- ☐ Before a meal
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| 100                |                    |                    |                    |                    |                    |                    |
| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Did you know?

**Having diabetes can increase your chances of falling, especially if your blood sugar is low.**

Try not to skip meals, and use slip-proof mats in the bathtub and on shower floors.







# Week beginning on \_\_\_\_\_

-  **Morning**
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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

-  **Evening**
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| 180                |                    |                    |                    |                    |                    |                    |
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| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |



**Evening**

☐ Before a meal

☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
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| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

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| 80                 |                    |                    |                    |                    |                    |                    |
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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

-  **Evening**
- ☐ Before a meal
- ☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| 80                 |                    |                    |                    |                    |                    |                    |
| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |



**Evening**

☐ Before a meal

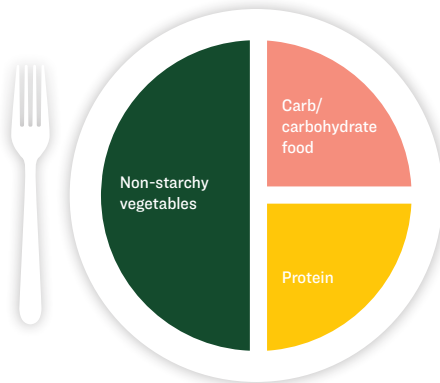
☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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| 70                 |                    |                    |                    |                    |                    |                    |
| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

Notes \_\_\_\_\_

# Did you know?

A good way to help manage your blood sugar is by eating the right foods. Using a 9-inch diameter plate, use the following as a guide.



Low-calorie drinks



## Examples:

- Cabbage, carrots, broccoli
- Green peas, rice, plantain, fruit or dairy



- Water, unsweetened tea
- Beans, fish, chicken, tofu

# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

| Sun                | Mon                | Tue                | Wed                | Thu                | Fri                | Sat                |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 200                |                    |                    |                    |                    |                    |                    |
| 180                |                    |                    |                    |                    |                    |                    |
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**Evening**

☐ Before a meal

☐ After a meal

|                    |                    |                    |                    |                    |                    |                    |
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# Week beginning on \_\_\_\_\_

-  **Morning**
- ☐ Before a meal
- ☐ After a meal

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-  **Evening**
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# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

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**Evening**

☐ Before a meal

☐ After a meal

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# Did you know?

Emotional well-being is part of your diabetes management plan. Living with diabetes often requires you to make changes to your life around food, activity, and medicines. This can sometimes be overwhelming. Let your healthcare team know **to what extent** the following questions are true for you during **the past month**. **They can help tweak your plan to make it a better fit for you.**

- 1 Are you feeling overwhelmed by the demands of living with diabetes?
- 2 Are you feeling that you are often failing with your diabetes regimen?

Having diabetes also increases your chances of having depression and other conditions. **Talk to your provider about changes in your mood.**







# Week beginning on \_\_\_\_\_

-  **Morning**
- ☐ Before a meal
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# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

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**Evening**

☐ Before a meal

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# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

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**Evening**

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| Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ | Carb choices _____ |

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# You are almost out of **tracking pages!**

## Time to order a new booklet

Ask your **healthcare provider**  
for an additional tracking guide or  
call the Lilly Answers Center at  
1-800-LILLYRX (1-800-545-5979).

## Tracking your diabetes journey



# Week beginning on \_\_\_\_\_



**Morning**

☐ Before a meal

☐ After a meal

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**Evening**

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**Morning**

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**Evening**

☐ Before a meal

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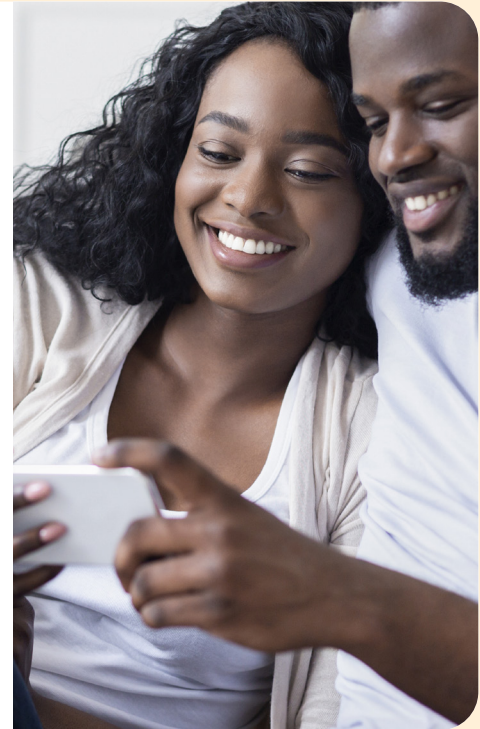
# Did you know?

**Your family and friends can be a big help to you**, whether you are newly diagnosed or have been managing your diabetes for years.

Let the people around you know how they can support you.

**Some of the things you can share with them are:**

- Your favorite recipes that meet your carbohydrate needs
- Physical activities you could do together







# Carbohydrate counting

The amount of carbohydrates (also called carbs) you need depends on your age, weight, activity, and any diabetes medications you are taking.

Talk with your dietitian or diabetes educator about carb counting for meals and snacks to help keep your blood sugar within your goals.

15 grams of carbs = 1 carb choice

There are about **15 grams** of carbs in each of the following:



**2 slices**  
of bread



**1 small** apple  
or **medium** orange



**½ cup**  
of peas



## How to calculate your carbs\*

**Step 1:** Use the total carbohydrate grams  
(30 in this case)

**Step 2:** Check the number of servings you plan to eat  
(1 in this case)

**Step 3:** Multiply these two numbers  
(30 in this case)

**Step 4:** Divide the result by 15 to know your carb  
choices (2 in this case). You can also use the  
simple chart below to check your carb choices

| Grams of Carbs | Number of Carb Choices |
|----------------|------------------------|
| 0 to 5 g       | Do not count           |
| 6 to 10 g      | ½ carb choice          |
| 11 to 20 g     | 1 carb choice          |
| 21 to 25 g     | 1½ carb choices        |
| 26 to 35 g     | 2 carb choices         |

\* Talk to your dietitian about **how to count foods with more than 5g of fiber**,  
and where to find carb information for foods that do not have a label.

## Nutrition Facts

Servings per container 1  
**Serving size 2/3 cup (55g)**

Amount per serving  
**Calories 230**  
% Daily Value\*

**Total Fat** 8g **10%**

Saturated Fat 1g **5%**

Trans Fat 0g

**Cholesterol** 0mg **0%**

**Sodium** 160mg **7%**

**Total Carbohydrate** 30g **11%**

Dietary Fiber 4g **14%**

Total Sugars 12g

Includes 10g Added Sugars **20%**

**Protein** 3g

Vitamin D 2mcg 10%

Calcium 260mg 20%

Iron 8mg 45%

Potassium 235mg 6%

\* The % Daily Value (DV) tells you how much a nutrient in  
a serving of food contributes to a daily diet. 2,000 calories  
a day is used for general nutrition advice.

# What can I do if my blood sugar is too low?

If your blood sugar is 70 mg/dl or less, eat something containing 15–20g of carbohydrates. **Here are some examples:**



**4 glucose tablets**



**2 tablespoons of raisins**



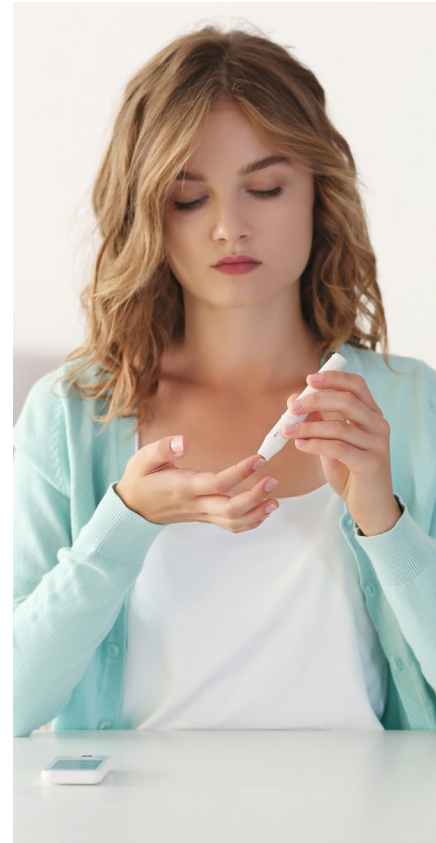
**½ cup (4 oz) of fruit juice**



**1 tablespoon of sugar or honey**

Check your blood sugar again 15 minutes later. If your blood sugar is still low, eat 15-20g of carbohydrates. Once your blood sugar returns to normal, eat a meal or a snack within 1-2 hours.

If your blood sugar is often low, let your healthcare provider know so he or she can create a diabetes plan that is right for you.



# What can I do if my blood sugar is too high?

Having diabetes means your blood sugar is high. Sometimes it can be too high and cause symptoms like frequent urination, thirst, blurred vision, fatigue. You may not always have symptoms, so it is important to check your blood sugar.

Stressful events or illness may increase the chances of high blood sugar.

**Here are some tips to help you manage your blood sugar when you are sick:**



Contact your doctor so he or she can help manage your illness and your diabetes.



Continue with all of your diabetes medicines as usual, especially if you take insulin.



If you are nauseous and not eating, drink fluids that have carbohydrates and salt.



Continue to check your temperature, blood sugar and ketone levels, and record the foods you have eaten and your current weight.



# Physical activity and exercise are part of your management plan.

Talk to your doctor about your specific goals based on your medical history and how much you are able to move.

Some examples of exercises you can do are:



Yoga or tai chi



Walking



Body weight exercises

It is also important to not stay seated continuously for long periods. **Aim to move for 3 minutes every 30 minutes you are seated.**



# Notes

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# Recommended tests<sup>a</sup>

Diabetes can affect many parts of your body, such as your heart, eyes, and feet. Getting regular medical tests may help you and your healthcare team manage your diabetes and reduce problems.



| Tests to have every visit                                 | How test is done                |
|-----------------------------------------------------------|---------------------------------|
| Blood pressure                                            | Cuff wrapped around the arm     |
| Foot check                                                | Examined by healthcare provider |
| Tests to have 2–4 times per year                          | How test is done                |
| A1C                                                       | Blood test                      |
| Test to have at least once a year                         | How test is done                |
| Blood lipids (cholesterol, triglycerides)                 | Blood test                      |
| Comprehensive eye exam                                    | Dilated eye exam <sup>b</sup>   |
| Albuminuria (al-byoo-muh-noo r-ee-uh)<br>test for kidneys | Urine test                      |
| Serum creatinine for kidneys                              | Blood test                      |
| Comprehensive foot exam                                   | Examined by healthcare provider |

<sup>a</sup>American Diabetes Association guidelines, 2026.

<sup>b</sup>Your healthcare provider may choose to do this less or more often.

# Checking your blood sugar (glucose)

Keeping your blood sugar close to normal is **very** important. Be sure to check your blood sugar.

Have A1C tests to see how high your blood sugar has been over the past few months. A high A1C level causes a greater chance of problems with your eyes, kidneys, heart, or feet.

## Help manage your blood sugar by:

- Checking your blood sugar
- Staying active
- Eating the right foods and portion sizes
- Taking your medicines as directed by your healthcare provider

### Blood sugar goals

#### ADA target

**A1C:** less than 7%  
for most people

#### Your target

\_\_\_\_\_

#### Your test results

Date: \_\_\_\_\_

\_\_\_\_\_

Talk with your healthcare provider about the target that's right for you.

# Checking your blood pressure

Having high blood pressure raises your risk for heart disease, stroke, and other health problems.

## You may help manage your blood pressure if you:

- Stay at a healthy weight
- Get regular physical activity
- Eat less than 2300 mg of salt a day
- Take medicines as your healthcare provider recommends
- Check your blood pressure regularly

### Blood pressure target

#### ADA target

Less than **130** mmHg

Less than **80**

#### Your target

\_\_\_\_\_

#### Your results

Date: \_\_\_\_\_

\_\_\_\_\_

Talk with your healthcare provider about the target that's right for you.

# Checking your blood lipids

Problems with blood lipids (cholesterol and triglycerides) raise your risk of heart disease. Managing blood lipids may help lower this risk.

## This test checks 3 things:

- **LDL cholesterol.** This is known as “bad” cholesterol. It can clog arteries and cause heart problems
- **HDL cholesterol.** This is known as “good” cholesterol. It may lower your risk for a heart attack
- **Triglycerides.** High levels of this can increase the risk of heart disease

## Blood lipid targets

### ADA target

**LDL:** Target  
based on your  
medical history

**HDL:**  
Men: more than  
40 mg/dl

Women: more  
than 50 mg/dl

**Triglycerides:**  
less than  
150 mg/dl

### Your target

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### Your results

Date: \_\_\_\_\_

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Talk with your healthcare provider about the target that's right for you.

# Checking your eyes

Diabetic retinopathy (ret-in-OP-uh-thee) is an eye disease caused by diabetes. It may lead to loss of sight or blindness.

## You may help lower your risk for this eye disease by:

- Managing your blood sugar
- Managing your cholesterol
- Lowering your blood pressure

## You should have a comprehensive eye exam every year.

For this exam, eye drops are used to enlarge your pupils. This will cause your vision to be blurry for a few hours. You may need to have someone drive you home after your exam.

Check-up date: \_\_\_\_\_

Results: \_\_\_\_\_

Next year's appointment date: \_\_\_\_\_



# Checking your kidneys

Diabetes may cause kidney problems. This means that your kidneys cannot clean your blood properly.

**To help protect your kidneys, your healthcare provider may suggest that you manage:**

- Your blood pressure
- Your blood sugar

If you already have kidney problems, make sure you are eating enough protein. Talk to your healthcare provider about dietary changes.

## Kidney test targets

### ADA target

**Urine protein test (albuminuria test):** Below 30 mg/g Cr

**Estimated glomerular filtration rate:** Greater than 60 mL/min/1.73m<sup>2</sup>

### Your target

\_\_\_\_\_

\_\_\_\_\_

### Your results

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Talk with your healthcare provider about the target that's right for you.

# Checking your feet

People with diabetes may develop problems like wounds or sores on their feet. If the problem gets very serious, it may lead to amputation.

## Help take care of your feet by:

- Preventing cuts and bruises on your feet
- Washing and drying your feet every day
- Using a mirror daily to check for cuts or other problems
- Wearing socks and shoes at all times
- Asking your healthcare provider if you need to see a foot care specialist or wear special shoes
- Getting a complete foot checkup (comprehensive foot exam) at least once a year by your healthcare provider

Check up date: \_\_\_\_\_

Results: \_\_\_\_\_

## The foot exam

Your healthcare provider will check for **feeling or numbness** in your feet, as well as blood flow.

Your healthcare provider will also look for sores or cuts on your feet.

# Checking your mouth health

High blood sugar can cause infections in your mouth, which may lead to pain and tooth loss. Mouth infections can also make it harder to keep your blood sugar low.

## Help take care of your teeth and mouth by:

- Keeping your blood sugar low
- Brushing your teeth at least two times a day
- Using dental floss at least one time a day
- Checking your mouth for signs of problems
- Having your dentist clean and check your mouth at least two times a year

Check-up date: \_\_\_\_\_

Results: \_\_\_\_\_



# Checking your brain health

Your brain changes as you get older. Having diabetes increases your chances of having problems with your brain. These problems can include forgetfulness and having a hard time with skills that help you manage and plan your life.

This can make it harder to check your blood glucose, and change your insulin doses. It can also make it hard to keep track of what you are eating, and when.

**If you are over 65 years of age or older, it is important to have your brain checked every year.** Your doctor will most likely ask you to respond to some questions, and write some things down. Usually, a higher score on these tests means your brain is healthier. Your doctor will choose the right test for you.

If you are having brain health challenges, your doctor may change some parts of your diabetes management plan.

Type of screening: \_\_\_\_\_ Screening date: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_



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# Notes

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## For more information:

**American Diabetes Association**

[www.diabetes.org](http://www.diabetes.org)

**Association of Diabetes Care & Education  
Specialists**

[www.diabeteseducator.org](http://www.diabeteseducator.org)

**National Diabetes Information Clearinghouse**

[www.niddk.nih.gov/health-information/diabetes](http://www.niddk.nih.gov/health-information/diabetes)