

PATIENT NAME \_\_\_\_\_  
 PATIENT PHONE \_\_\_\_\_

INSULIN NAME \_\_\_\_\_ DOSE (UNITS) \_\_\_\_\_ SHOTS/DAY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ORAL DIABETES MEDICATIONS \_\_\_\_\_ DOSE \_\_\_\_\_ TIMES/DAY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_  
 PHYSICIAN PHONE \_\_\_\_\_

# Accu-Chek 360° View 3-day Profiling Tool

		Day 1 Date _____							Day 2 Date _____							Day 3 Date _____							
		Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	Before breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Before bed	
Time																							
Insulin Units																							
Meal Size S M L	-	S M L	-	S M L	-	S M L	-	-	-	S M L	-	S M L	-	S M L	-	-	S M L	-	S M L	-	S M L	-	
Activity 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	1 2 3 4 5	1 2 3 4 5	
Blood Glucose																							
BLOOD GLUCOSE RANGE	HIGH	>16.7 mmol/L																					
		14.5-16.7 mmol/L																					
		12.3-14.4 mmol/L																					
		10.1-12.2 mmol/L																					
		7.8-10.0 mmol/L																					
	6.2-7.7 mmol/L**																						
	4.5-6.1 mmol/L**																						
LOW	2.8-4.4 mmol/L																						
	<2.8 mmol/L																						

After Meal Goal ←  
 Fasting/Before Meal Goal ←

*ACTIVITY LEVEL					
What is your activity level?	<b>1</b> Very Low	<b>2</b> Somewhat Low	<b>3</b> Moderate	<b>4</b> Somewhat High	<b>5</b> Very High

**YOUR COMMENTS**  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Bring this form and your ACCU-CHEK blood glucose monitoring system to your next healthcare professional appointment.**

\*\* American College of Endocrinology Consensus Statement on Guidelines for Glycemic Control, 2002.



## Instructions to patient:

Complete this form over  
3 consecutive days.

### Step 1

Fill in the **dates** for the days on which you will track your blood glucose results.

### Step 2

Test your **blood glucose** using your ACCU-CHEK blood glucose monitoring system at the times indicated to the left.

### Step 3

Enter the **time** of the test in the first row of the chart.

### Step 4

If you use insulin, enter your insulin dose (units).

### Step 5

Based on your normal eating habits, describe this **meal size** by circling **Small, Medium** or **Large** in the second row.

### Step 6

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

### Step 7

Enter your **blood glucose value** in the fifth row for that day.

### Step 8

Graph your **blood glucose level** (from Step 7) by placing an **X** in the corresponding row of the chart. Then connect the Xs. See other side for example.

## FOOD DIARY

Use this space to fill in what you eat and drink over 3 days.

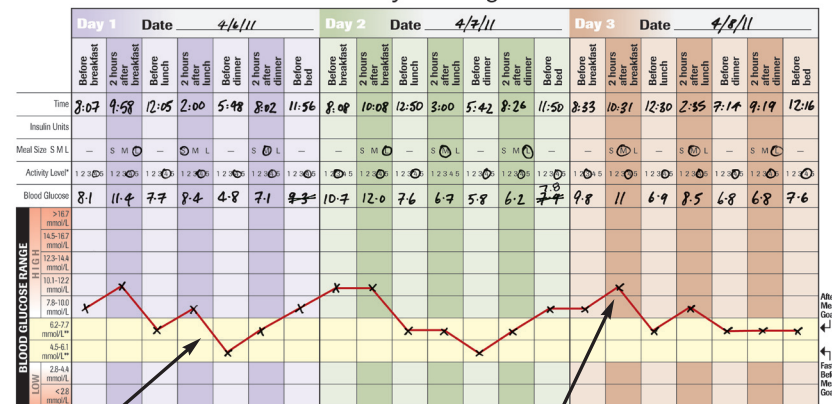
Day 1	Day 2	Day 3
<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Snack</b>	<b>Snack</b>	<b>Snack</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Snack</b>	<b>Snack</b>	<b>Snack</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Drinks (soft drinks, hotbeverages, alcohol, etc)</b>	<b>Drinks (soft drinks, hotbeverages, alcohol, etc)</b>	<b>Drinks (soft drinks, hotbeverages, alcohol, etc)</b>
_____	_____	_____
_____	_____	_____

# Accu-Chek 360° View 3-day Profiling Tool

## Data can show you:

- Trends in blood glucose levels
- The relationship between blood glucose values and
  - Time of day
  - Meal size
  - Activity level
  - Diabetes medication (if prescribed)

ACCU-CHEK® 360° View 3-day Profiling Tool



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

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

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