

NAME _____ INSULIN NAME _____ DOSE (UNITS) _____ TIME _____ ORAL DIABETES MEDICATIONS _____ DOSE _____ TIMES/DAY _____ HEALTHCARE PROFESSIONAL NAME _____

PHONE _____ HEALTHCARE PROFESSIONAL PHONE _____

Instructions to patient:

Test your blood glucose at the times shown here and complete this chart over 3 consecutive days.

See other side for example.

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® Performa blood glucose meter at the times indicated.

Step 3

Enter the **time** of the test.

Step 4

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

Step 5

Rate your **energy level** on a scale of **1** (very low), **2** (low), **3** (moderate), **4** (high), **5** (very high) and circle that score here.

Step 6

Enter your **blood glucose value**.

Step 7

Graph your **blood glucose level** by placing an **X** in the corresponding row of the chart and then connect the Xs.

Step 8

Note any incidents that may have affected your test results.

ACCU-CHEK® *Insight* Three day Chek

Bring this chart and your Accu-Chek® Performa blood glucose meter to your next appointment with your Diabetes Healthcare Professional.

		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																							
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	-	S M L
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	1 2 3 4 5	
Blood Glucose																							
BLOOD GLUCOSE RANGE	ABOVE RANGE	>16.0 mmol/L																					
		14.0-16.0 mmol/L																					
		12.0-14.0 mmol/L																					
		10.0-12.0 mmol/L																					
		8.0-10.0 mmol/L																					
	6.0-8.0 mmol/L																						
BELOW RANGE	4.0-6.0 mmol/L																						
	2.0-4.0 mmol/L																						
	<2.0 mmol/L																						
Comments																							

*International recommended range for post-meal results.



www.accu-check.co.nz
 Accu-Chek is a trademark of the Roche Group. © 2007 Roche Diagnostics
 15 Rakino Way, PO Box 62 089, Mt Wellington, Auckland, New Zealand.
 Accu-Chek Enquiry Line: 0800 80 22 99.
 Always read the label and follow the manufacturer's instructions

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

*American Diabetes Association. Standards of Medical Care in Diabetes. 2007. As recommended ranges vary for individuals, please discuss with your healthcare professional.

ACCU-CHEK®
 Live life. The way you want.