

Supplementary Material for

Self-monitoring of blood glucose as an integral part in the management of people with type 2 diabetes mellitus

Authors

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Accu-Chek 360° View Tool

PATIENT NAME (Optional) _____

MEDICATION NAME _____

DOSE (UNITS) _____ TIME/DAY _____

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

		DAY 1						DAY 2						DAY 3								
		Date _____						Date _____						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	-
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	TOO HIGH	>300 mg/dL																				
		261-300 mg/dL																				
		221-260 mg/dL																				
		181-220 mg/dL																				
		141-180 mg/dL																				
	BEFORE MEAL GOAL**	111-140 mg/dL																				
	AFTER MEAL GOAL**	81-110 mg/dL																				
	TOO LOW	51-80 mg/dL																				
	<50 mg/dL																					

*ENERGY LEVEL					
What is your energy level?	1 Very Low	2 Low	3 Moderate	4 High	5 Very High

What did you learn from this 360° analysis of your blood sugar results?

Please review your completed form with your physician.

** Handelsman Y, et al. American Association of Clinical Endocrinologists and American College of Endocrinology - Clinical practice guidelines for developing a diabetes mellitus comprehensive care plan - 2015. Endocr Pract. 2015 Apr;21 Suppl 1(Suppl1):1-87.

How to get your Accu-Chek 360° view

Instructions to patient:

Complete this form over **3 consecutive days**.

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

2. Test your blood glucose at each time period

3. Record the time of the test*

4. Note the meal size by circling small, medium or large (S, M, L)

5. Rate your energy level by circling a score on a scale of 1 (very low) to 5 (very high)

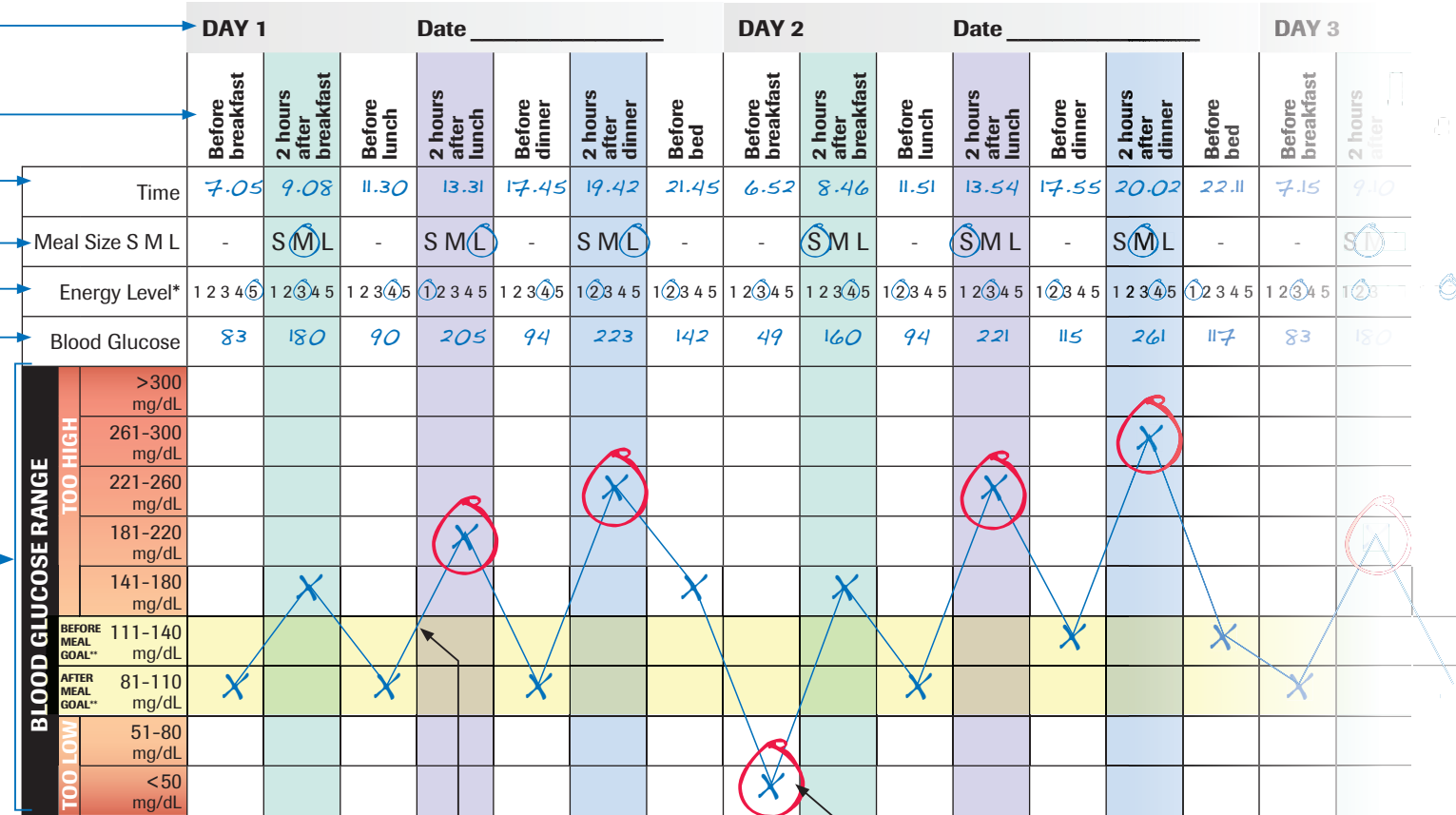
6. Record your blood glucose result in the space provided

7. Graph your blood glucose level (from step 6) by placing an **X** in the corresponding row of the chart, then connect the Xs

*Your "after meal" time should be about two hours after you start eating, but doesn't have to be two hours from your "before meal" test

Data can show you:

- Trends in blood glucose levels
- The relationship between blood glucose values and time of day, meal size, and energy level



**American Association of Clinical Endocrinologists and American College of Endocrinology - Clinical practice guidelines. 2015.

By drawing a line to connect results, you can easily identify blood glucose trends

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

Visit www.accu-chek.com for more tips and tools on managing your diabetes.

Accu-Chek 360° View Tool

PATIENT NAME (Optional) _____

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DOSE (UNITS) _____ TIME/DAY _____

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

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		Date _____						Date _____						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	-	
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	TOO 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																					
		BEFORE MEAL GOAL**	6.2-7.8 mmol/L																				
		AFTER MEAL GOAL**	4.5-6.1 mmol/L																				
	TOO LOW	<2.8 mmol/L																					

*ENERGY LEVEL					
What is your energy level?	1 Very Low	2 Low	3 Moderate	4 High	5 Very High

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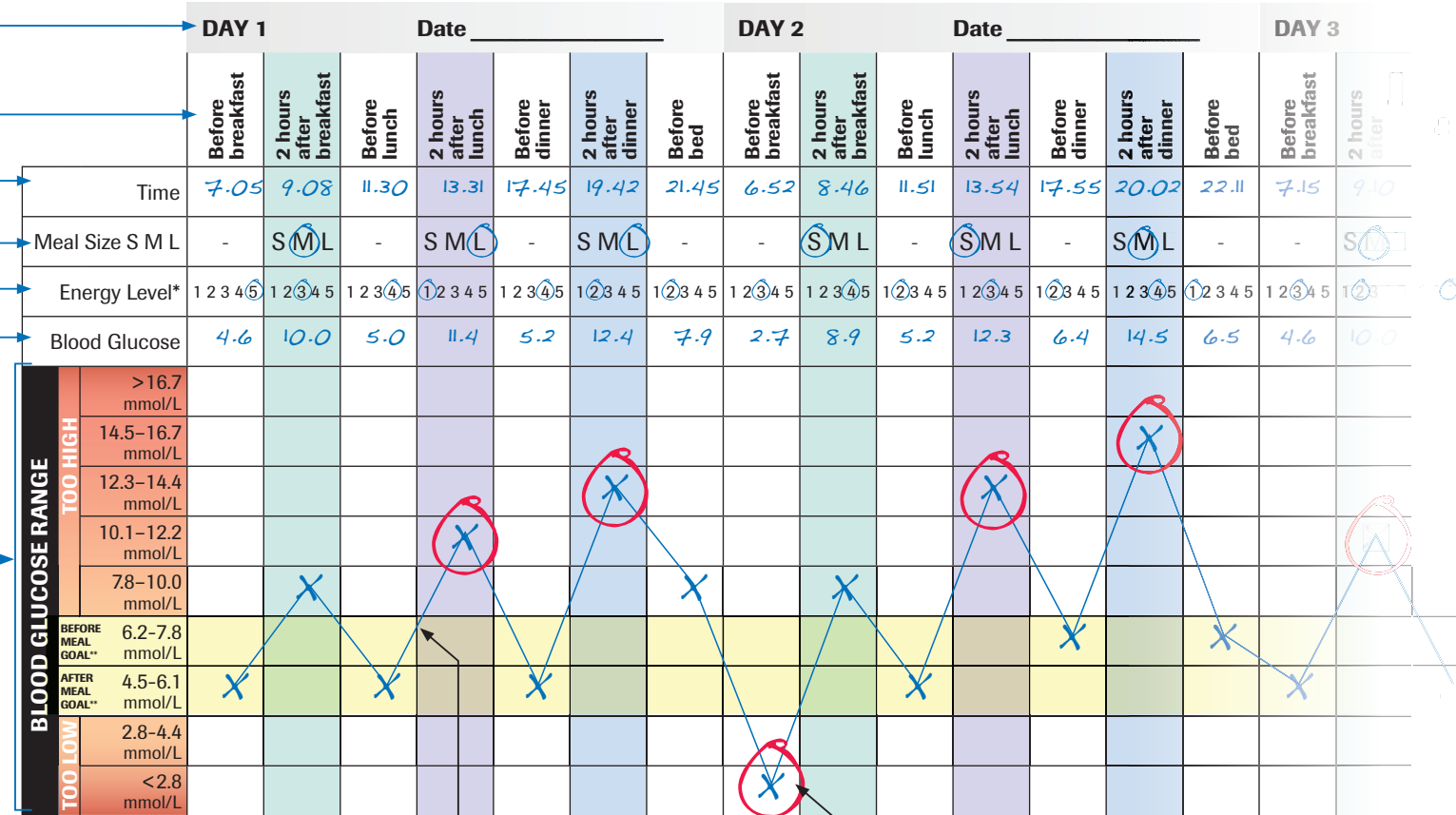
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