

Important Information

Use this page to keep your important information in an easily accessible place. Cut or tear this page off and keep it in your wallet or purse, on your refrigerator, or next to a calendar.

A medicine tracking guide is on the reverse side of this page.

Health Care Team	Name	Phone Number
Primary care provider		
Endocrinologist		
Ophthalmologist		
Podiatrist		
Dentist		
Diabetes educator		
Registered dietician		
Pharmacist		

Additional Diabetes Resources:

American Diabetes Association:
diabetes.org

American Association of Diabetes Educators:
diabeteseducator.org

Academy of Nutrition and Dietetics:
eatright.org

Centers for Disease Control and Prevention:
cdc.gov/diabetes

National Diabetes Information Clearinghouse:
diabetes.niddk.nih.gov

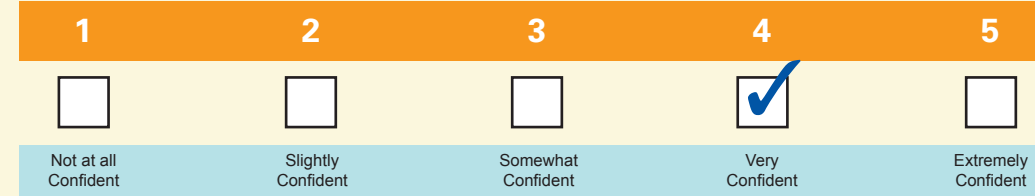
American Heart Association:
heart.org

DIABETES

Confidence is Power

Change can be frightening and lead to feelings of uncertainty. This confidence meter is designed to help you express your level of confidence with your health care provider during every stage of your diabetes action plan. Check the number 1 to 5 to show your level of confidence with your intended goals.

EXAMPLE:



Self-Management Goals

Copy this page for additional goal setting and review the self-management process with your health care provider. Circle the number 1 to 5 to show your level of confidence with your intended goals, and ask your health care provider about any questions you may have.

Self-Management Goal _____

What will I do to reach this goal _____

Barriers to achieving this goal _____

Ways I can overcome barriers _____

Where to go for more information _____

Confidence Meter: How confident am I in reaching this goal?



Self-Management Goal _____

What will I do to reach this goal _____

Barriers to achieving this goal _____

Ways I can overcome barriers _____

Where to go for more information _____

Confidence Meter: How confident am I in reaching this goal?



DIABETES

Low Blood Sugar (Hypoglycemia)

What to do if you have low blood sugar:

Regularly check your blood sugar according to your health care provider's instructions.

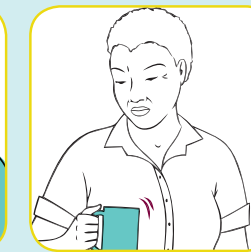
If your blood sugar is less than 70 mg/dL or if you have any of the symptoms below:

1. Eat or drink 1 of the quick-fix items: Drink 1/2 cup of fruit juice, 1 cup of low-fat (1%) or fat-free milk, or 1/2 can of regular soda (not diet); or eat 1 tablespoon of sugar or honey, 2 tablespoons of raisins, or take glucose tablets (follow package instructions).
2. Wait 15 minutes. Then check your blood sugar again.
3. If your blood sugar is still less than 70 mg/dL, or if you do not feel better, repeat steps 1 and 2 until your blood sugar is 70 mg/dL or above.
4. If your next meal is 1 hour or more away, eat a snack once the quick-fix foods have raised your blood sugar level to 70 mg/dL or above.
5. If you still do not feel better or if your blood sugar stays below 70 mg/dL, call your health care provider right away.

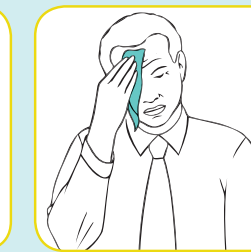
Common symptoms of low blood sugar include:



Feeling nervous



Feeling shaky



Being sweaty



Being tired

DIABETES



My Diabetes Action Plan

Working With Your Health Care Team to Manage Your Diabetes

Provided as an educational resource by Merck



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Your Diabetes Action Plan

Diabetes is a serious, lifelong condition. The good news is you can learn to manage it and be healthy. A main goal of treating diabetes is to keep your blood sugar under control as much as possible. It may help prevent or delay other health problems. Take an active role in managing your diabetes, and use the information in this tool to help build your diabetes action plan.



Goals for Diabetes Self-Management

1. Control your blood sugar—reach your A1C goal
2. Achieve your goal weight
3. Be active
4. Eat healthy
5. Monitor your blood sugar
6. Take your medicine as prescribed
7. Be prepared to solve problems
8. Adopt healthy behaviors

Notes:

Recommended Tests and Screenings

Your health care provider will set up a schedule for each of these tests and screenings. The schedule recommended by the American Diabetes Association may vary from person to person.

Test/screening	How often (standard)	How often (custom)	Why it is important
A1C	2 to 4 times a year		Shows how well your blood sugar has been controlled in the past 2 to 3 months.
Blood Pressure	Blood pressure should be checked at every visit with your health care provider		High blood pressure can lead to stroke, heart disease, kidney disease, and loss of eyesight.
Cholesterol	If you have diabetes, you should have your cholesterol checked at the time of diagnosis and/or at age 40 years, and every 1 to 2 years after that.		Your body needs some cholesterol to work as it should, but too much cholesterol can increase your risk of heart disease.
Total Cholesterol			
LDL			Too much LDL (bad) cholesterol can build up in arteries and form plaque. This can increase your risk of having heart disease.
HDL			A high level of HDL may be associated with a lower risk of having heart disease.
Triglycerides			High triglyceride levels usually mean a higher risk of cardiovascular disease.
Kidney Urine Test: Urinary Albumin	Microalbumin should be checked at least once a year		Levels that are too high may signal kidney disease caused by diabetes.
Kidney Blood Test: Creatinine	At least once a year		
Dilated Eye Exam	At least once a year		Prevent loss of sight
Comprehensive Foot Exam	At least once a year		Lets you notice cuts, bruises, and sores before they pose a health risk.

Important Test Results

Test/screening	Goal	Test date ___/___	Test date ___/___	Test date ___/___	Test date ___/___
A1C					
Blood Pressure					
Total Cholesterol					
LDL Cholesterol					
HDL Cholesterol					
Triglycerides					
Kidney Urine Test: Urinary Albumin					
Kidney Blood Test: Creatinine					

Daily Blood Sugar Tests	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___
	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____
	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___
	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____
	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___	Date ___/___
No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	No.: _____	

Other important Screenings	Test date ___/___	Test date ___/___	Test date ___/___
Weight			
Foot Exam			
Dental Exam and Cleaning			
Dilated Eye Exam			

Tracking Medicine

Current medicines	How much?	How often?	Reason why I take it

Also, keep a list of medications with you, transportation and adult daycare telephone numbers, and caregiver's contact information.