

Two times each year, have an A1C test

This is a blood test that measures your average blood sugar level over the past three months. It is different from the blood sugar checks you do every day. You may need to do this test more often if your level (number) is over 7.

A1C LEVEL (NUMBER)	DIAGNOSIS
Above 6.4	Diabetes
5.7—6.4	Prediabetes
Below 5.7	Normal

A1C Test 1 Date of Test 1: mm / dd / yyyy A1C Test 1 Results:

A1C Test 2 Date of Test 2: mm / dd / yyyy A1C Test 2 Results:

Why take care of your diabetes?

Taking care of yourself and your diabetes can help you feel good today and in the future. When your blood sugar (glucose) is close to normal, you are more likely to:

- Have more energy
- Be less tired and thirsty
- Need to pass urine less often
- Heal better
- Have few skin or bladder infections

You are the most important member of your health care team.

You are the one who manages your diabetes each day. Talk to your doctor about how you can best care for your diabetes to stay healthy.

Get regular care to stay healthy

See your health care team at least *twice a year* to find and treat any problems early.

Some of the others on your team who can be helpful are:

- Dentist
- Diabetes doctor
- Diabetes educator
- Eye doctor
- Foot doctor
- Family and friends
- Mental health counselor
- Nurse
- Nurse practitioner
- Pharmacist
- Social worker

At each visit, be sure you have a:

- Blood pressure check
- Foot check
- Weight check
- Review of your self-care plan

Once a year, be sure you have a:

- | | |
|--|------------------------------|
| <input type="checkbox"/> Cholesterol test | Date of Test: mm / dd / yyyy |
| <input type="checkbox"/> Complete foot exam | Date of Exam: mm / dd / yyyy |
| <input type="checkbox"/> Dental exam to check teeth and gums | Date of Exam: mm / dd / yyyy |
| <input type="checkbox"/> Dilated eye exam to check for eye problems | Date of Exam: mm / dd / yyyy |
| <input type="checkbox"/> Flu shot | Date of Shot: mm / dd / yyyy |
| <input type="checkbox"/> Urine and a blood test to check for kidney problems | Date of Test: mm / dd / yyyy |

At least once in your lifetime get a:

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|--|--------------------------------|
| <input type="checkbox"/> Pneumonia (nu-mo-nya) shot | Date of Shot: mm / dd / yyyy |
| <input type="checkbox"/> Hepatitis B (HEP-uh-TY-tiss), a series of 3 shots | Date Completed: mm / dd / yyyy |