

ACCU-CHEK® 360° View Three day check

Bring this chart and your Accu-Chek® blood glucose meter to your next appointment with your Diabetes healthcare professional.

Day 1
Date _____

	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	—
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
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						
	4.0-6.0 mmol/L						
BELOW RANGE							
2.0-4.0 mmol/L							
<2.0 mmol/L							

Comments: _____

Day 2
Date _____

	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	—
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
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						
	4.0-6.0 mmol/L						
BELOW RANGE							
2.0-4.0 mmol/L							
<2.0 mmol/L							

Comments: _____

Day 3
Date _____

	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	—
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
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						
	4.0-6.0 mmol/L						
BELOW RANGE							
2.0-4.0 mmol/L							
<2.0 mmol/L							

Comments: _____

NAME _____

PHONE _____

TARGET BLOOD GLUCOSE LEVEL

 PRE-MEAL TARGET

 POST-MEAL (2 HRS) TARGET

INSULIN NAME	DOSE (UNITS)	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORAL DIABETES MEDICATIONS	DOSE	TIMES/DAY
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTHCARE PROFESSIONAL NAME

HEALTHCARE PROFESSIONAL PHONE

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

*International recommended range for post-meal results.



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

ACCU-CHEK®