

Date of Appointment:					
Check Points	AACE Standards		My Goals	Where I Am Now	Notes
	Goal	How Often to Check			
A1C	≤ 6.5%*	2 - 4 Times per Year (at your doctor's office)	____ %	____ %	
Blood Glucose					
Before Meals	< 110 mg/dL	As Needed (talk with your doctor to set a blood sugar testing schedule)	____ mg/dL	____ mg/dL	
2 Hours After Meals	< 140 mg/dL	As Needed (talk with your doctor to set a blood sugar testing schedule)	____ mg/dL	____ mg/dL	
Blood Pressure	< 130/80 mmHg	Every Doctor Visit	____/____ mmHg	____/____ mmHg	
Cholesterol					
HDL	> 40 mg/dL (men)	Every 1 - 4 Years (at your doctor's office)	____ mg/dL	____ mg/dL	
	> 50 mg/dL (women)				
LDL	< 100 mg/dL	Every 1 - 4 Years (at your doctor's office)	____ mg/dL	____ mg/dL	
Triglycerides	< 150 mg/dL	Every 1 - 4 Years (at your doctor's office)	____ mg/dL	____ mg/dL	
Check Points	My Goals		Where I Am Now		Notes
Healthy Eating	____ servings of vegetables/day		____ servings of vegetables/day		
	____ servings of fruit/day		____ servings of fruit/day		
	____ servings of low-fat dairy products/day		____ servings of low-fat dairy products/day		
	____ oz. of lean protein/day		____ oz. of lean protein/day		
	____ servings of whole grains/day		____ servings of whole grains/day		
Exercise/Activity	____ minutes of exercise/week		____ minutes of exercise/week		
	Goal exercise:		Current exercise:		
	_____		_____		
	_____		_____		
	_____		_____		
Weight	____ lbs.		____ lbs.		

* ≤6.5% is a general guideline. Ask your doctor what A1C goal is right for you.