

Checkup Chart



Date of Appointment:					
Check Points	AAACE 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 fruit/day ____ servings of low-fat dairy products/day ____ oz. of lean protein/day ____ servings of whole grains/day		____ servings of vegetables/day ____ servings of fruit/day ____ servings of low-fat dairy products/day ____ oz. of lean protein/day ____ servings of whole grains/day		
Exercise/Activity	____minutes of exercise/week Goal exercise: _____ _____ _____ _____		____minutes of exercise/week Current exercise: _____ _____ _____ _____		
Weight	____lbs.		____lbs.		

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