



Congratulations*

You are taking a commendable step to take control of your Type 2 Diabetes (T2D).

Remember, being diagnosed as T2D is not the end but the beginning of the process of rebalancing: T2D is controllable. Use this calendar as an adjunctive tool in consultation with your family physician and other diabetes team members.

The diabetes calendar is put together by Diabetes Daily Post medical staff with references and studies provided by American Diabetes Association, National Health Institute and American Association of Diabetes Educators. It is intended for a 90 day cycle throughout the year for you to keep track of your progress. We recommend that you discuss your progress with your health-care team at the end of each 90 day cycle.

“There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle.” – Albert Einstein

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*Content written by diabetesdailypost.com healthcare staff in consultation with American Diabetes Association Standards of Care, Guidelines, and publications. It is not to be used as a substitute for diagnosis, clinical evaluation or medical advice, or for treatment of any health condition or problem. Users should not rely on information provided for their own health problems. Any questions regarding your own health should be directed to your own physician or other healthcare provider.

Visit www.diabetesdailypost.com
daily to manage your diabetes

MONTH

YEAR

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Notes	I	Goals	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BG = Blood Glucose, EX = Exercise, Cal = Calories BP = Blood Pressure, BMI = Body Mass Index, FX = Foot Exam WT = Weight, DX = Dental Exam, EYX = Eye Exam ">" Greater Than, "<" Less Than, DM = Daily Medication			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Glucose or Sugar (BG)	Daily before breakfast	Goal: 70-130	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____
Exercise (EX)	Daily or Every Other Day	Goal: 180 min/wk	BP _____ BMI _____ FX _____	DM _____ A1c _____	DM _____	DM _____	DM _____	DM _____	DM _____
Eating	Daily	Goal: Weight maintenance <2000 Cal (M) <1800 Cal (F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calorie Calculations (Cal)	Weight maintenance	<2000 Cal (M) <1800 Cal (F)	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____
1 oz of protein (meat, fish, etc.) =120 Cal	Weight loss (per day)	<1600 Cal (M) <1200 Cal (F)	BP _____ BMI _____ FX _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____
1 oz of fat (butter, margarine, any oil)=270 Cal			WT _____						
1 oz carbohydrate (bread, rice, bean, etc.)=120 Cal			DM _____						
1 oz vegetables=0 Cal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate Your Plate	Daily	Goal: Per plate portion 1/4 protein 1/4 carbohydrates 1/2 vegetables and/or fruits	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____
Meal Planning and Shopping	Weekly	Goal: Always pre-plan meals and shopping list based on "rate your plate" principles	BP _____ BMI _____ FX _____	DM _____ DX _____	DM _____	DM _____	DM _____	DM _____	DM _____
Read "Nutritional Fact" label, Every time you shop		Goal: Make sure fat calorie content is less than 30% of the total calorie per serving	WT _____						
			DM _____						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____	BG _____ EX _____ Cal _____
			BP _____ BMI _____ FX _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____
			WT _____						
			DM _____						
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Daily Medication (DM) Daily
Goal: Check your meds daily

MONTH YEAR

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		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dining Out: Limit to one to two times a week	Goal: Enjoy eating out, be selective, eat less portion by sharing the meal or take home 1/2 of the plate skipping dessert recommended always request sauce or dressing on the side.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____
Weight Management (BMI) Use weight (WT) to calculate your BMI on www.diabetesdailypost.com BMI (Body Mass Index) over 25 is considered overweight	Weekly Goal: <25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____
Blood Pressure (BP)	Weekly Goal: 120/80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____
Foot Self Exam (FX)	Weekly Goal: No lesion, no corns or calluses no infection, no extreme dryness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____
Dental Exam (DX)	Annually Goal: No gum-related diseases, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____
Eye Exam (EYX)	Annually Goal: Check diabetic retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____ EYX _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____
A1c Normal: 5.7% or lower Pre-diabetes: 5.7% - 6.4% Diabetes: 6.5% or higher	Bi-annually Goal: < 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		BG _____ EX _____ Cal _____ BP _____ DM _____ BMI _____ FX _____ WT _____	BG _____ EX _____ Cal _____ DM _____ EYX _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____	BG _____ EX _____ Cal _____ DM _____

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*Remark: Goals are reference points only; they may change per your doctor

Signs of hypoglycemia
(blood sugar is too low)
Anxious, dizzy, sweaty,
confused, hungry, grumpy
check you blood glucose

What to do?
Take 1/2 cup of fruit juice or
Take 2-5 glucose tablets or
Take one tablespoonful
of honey

Signs of hyperglycemia
(blood sugar is too high)
Thirsty, frequent urination, feel
sleepy and tired dry
and itchy skin
check you blood glucose

What to do?
Discuss with your health
care team member
to discuss the problem;
reduce portion and
readjust your meal plan.
eat less carbohydrate, etc.
or other recommendation
may follow.

Lipids
(Lipids and diabetes
are closely related)
HDL (good cholesterol)
LDL (bad cholesterol)
Triglycerides (TG)
(fat in the blood)

Yearly Goal:
HDL > 40 (for men);
HDL > 50 (for women)
LDL < 100
(70 if you have heart disease)
TG < 150
Total Cholesterol < 200 mg/dl

Type 2 Diabetes Risk Factors
Excess weight
Excess fat distribution
Inactive life style
Race: Non-white
Family History: Parent and/or
siblings with diabetes
Age: Over 45 years old
Prediabetes: High BG
Gestational Diabetes: Being
diabetic during pregnancy
Smoking

BMI < 25
Waist Circumference
Men < 40 inches
Women < 35 inches
More physical activities
Do Not Smoke

MONTH	YEAR	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____
EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____
Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____
BP _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____
BMI _____								
FX _____								
WT _____								
DM _____								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____
EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____
Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____
BP _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____
BMI _____								
FX _____								
WT _____								
DM _____								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____	BG _____
EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____	EX _____
Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____	Cal _____
BP _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____	DM _____
BMI _____	A1c _____							
FX _____								
WT _____								
DM _____								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>