

# My Diabetes Record

NAME: \_\_\_\_\_

Keep your <b>Eye</b> on the <b>ABC'S</b>					
<b>Eye Exam Once a year</b> Date: _____					
<b>A</b> Diabetes A <sub>1</sub> C	Date:	Date:	Date:	Date:	Date:
11					
Too High 10					
9					
Better 8					
7					
Good! 6					
<b>B</b> lood Pressure	Date:	Date:	Date:	Date:	Date:
200					
180					
Too High 160					
Better 140					
Good! 130					
<b>C</b> holesterol LDL	Date:	Date:	Date:	Date:	Date:
180					
160					
Too High 140					
Better 120					
Good! 100					
<b>Stop</b> Smoking!	Quit Date:	Quit Date:	Quit Date:	Quit Date:	Quit Date: