My diabetes health results



Your diabetes team will work with you to decide what results are best for you. You may aim for higher or lower targets depending on your age, how long you have had diabetes for and your medical history.

What height are you? You can give measurements in metres or feet and inches. Date Date Pate Your Targets Weight (kg or stones and pounds) Body Mass Index (BMI) Tells how healthy your BMI that shows you are a healthy weight: 18.5 to 24.9
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Tells how healthy your a healthy weight: 18.5 to 24.9
weight is for your height overweight: 25 to 29.9
(kg/m²) obese: greater than or equal to 30
Waist Circumference (WC) Healthy WC Increased health risk
Tells where your body fat Men less than 37in (94cm) greater or equal to 37in
is stored (inches or cm) Women less than 31in (80cm) greater or equal to 31in
Blood Pressure Aim less than or equal to 140/80
(mmHg)
HbA1c Most people with Type 2 diabetes should aim
Tells your average blood for a HbA1c less than or equal to 53.
glucose over the last few If greater than 58, discuss with your GP.
weeks (mmol/mol)
Total Cholesterol Aim for less than or equal to 4.5
Tells how much total fat is
in blood (mmol/l)
LDL (bad) Cholesterol Aim for less than or equal to 2.5.
(mmol/l) If you have a history of heart attack or stroke,
aim for less than or equal to 1.8.
HDL (good) Cholesterol (mmol/l) Men should aim for greater than or equal to 1.0. Women should aim for greater than or
equal to 1.3
Triglycerides Aim less than or equal to 1.7
Another type of fat in
blood (mmol/l)
eGFR Aim greater than 60
Tells how well kidneys are
working (mls/min)
ACR Men should aim for less than 2.5.
Tells how much protein is Women should aim for less than 3.5.
in urine (mg/mmol)
Are you taking medication to help look after your List the diabetes medication you are taking.
diabetes? YES NO 1. Please write down the name of the medication you take 2.
Thease write down the name of the medication you take
for your diabetes or attach a list of your current prescription (this is available from your GP or Pharmacy). 3. 4.
Have you had your annual diabetes eye test? YES NO Date:
Have you had your foot examination? YES NO Date:

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