


My Annual Cycle of Care

Annual Cycle of Care targets mean different things to different people. It is therefore important that you develop your individual goals with your health care team. If you don't understand why these targets are important, or how often you should be getting your checks, discuss this with your doctor. Remember, regular visits to your health care team will allow you to identify any problems early and to discuss the best treatment.

Please note that the recommendations for children and adolescents with diabetes may vary from those listed.

| REVIEWS | GOAL | DONE?  | WHO CHECKS IT? | HOW OFTEN? |
|-------------------------|--|---|--|--------------------------|
| HEALTHY EATING | Review your diet and healthy eating each year | <input type="radio"/> | Dietitian, Diabetes educator, Practice Nurse or GP | At least every 12 months |
| EXERCISE | Review your physical activity level each year | <input type="radio"/> | | |
| SMOKING STATUS | Do not smoke | <input type="radio"/> | | |
| HEALTHY WEIGHT | | | | |
| WEIGHT | My goal weight is: kg | <input type="radio"/> | GP, Endocrinologist, Diabetes educator or Practice Nurse | At least every 6 months |
| WAIST CIRCUMFERENCE | MEN: aim for less than 94cm WOMEN: aim for less than 80cm | <input type="radio"/> | | |
| BODY MASS INDEX (BMI) | Less than 25kg/m ² where appropriate | <input type="radio"/> | | |
| BLOOD PRESSURE | Equal to or less than 130/80mmHg | <input type="radio"/> | | |
| TESTS AND CHECKS | | | | |
| CHOLESTEROL | Total cholesterol less than 4 mmol/L LDL less than 2 mmol/L; HDL is 1 mmol/L or above | <input type="radio"/> | GP or Endocrinologist | At least every 12 months |
| TRIGLYCERIDES | Less than 2 mmol/L | <input type="radio"/> | | |
| MICROALBUMINURIA | Checked at least every year | <input type="radio"/> | | |
| HBA1C | Equal to or less than 53 mmol/mol (7%) | <input type="radio"/> | | |
| eGFR | To be checked at least every year | <input type="radio"/> | | |

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| EXAMS AND PLANS | GOAL | DONE? <input checked="" type="checkbox"/> | WHO CHECKS IT? | HOW OFTEN? |
|--------------------------|--|---|--|--------------------------|
| FEET EXAMINATION | Feet check at least every 6 months | <input type="checkbox"/> | Podiatrist or Practice Nurse | At least every 6 months |
| EYES | A comprehensive eye examination at least every 2 years | <input type="checkbox"/> | Optometrist or Ophthalmologist | At least every 2 years |
| MEDICATIONS | Review medications at least every year | <input type="checkbox"/> | Diabetes educator, Endocrinologist or GP | At least every year |
| YOUR CARE PLAN | | | | |
| DIABETES CARE PLAN | Review your diabetes care plan at least every year | <input type="checkbox"/> | Diabetes educator, Endocrinologist, Practice Nurse or GP | At least every 12 months |
| YOUR NOTES AND QUESTIONS | | | | |
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