# Diabetes Test Results & Diagnosis Record

A printable guide and personal record | Bio and Brain Health Info (BBH)

Name: _____ Date started: _____

Healthcare professional / clinic: _____

## Understanding standard diagnostic results

The ranges below apply to **nonpregnant adults**. Pregnancy and some medical situations require different testing approaches.

| Test | Normal | Prediabetes | Diabetes |
|---|---|---|---|
| A1C / HbA1c | Below 5.7% | 5.7%-6.4% | 6.5% or higher |
| Fasting plasma glucose | Below 100 mg/dL | 100-125 mg/dL | 126 mg/dL or higher |
| 75-g OGTT (2 hour) | Below 140 mg/dL | 140-199 mg/dL | 200 mg/dL or higher |

**Random plasma glucose:** 200 mg/dL or higher may establish diabetes when accompanied by classic symptoms or a hyperglycemic crisis. Without unequivocal hyperglycemia, two abnormal results are generally needed to confirm a diagnosis.

## Before and after your tests

Record the laboratory test name, fasting instructions, blood sample date and time, and results exactly as shown on the report. A home glucose meter or CGM alone cannot establish a diabetes diagnosis. Ask your clinician how to interpret results that disagree with symptoms or other tests.

## Important safety note

Seek urgent medical care for vomiting, difficulty breathing, confusion, severe weakness, or symptoms of a possible hyperglycemic crisis. This worksheet is educational and does not provide a medical diagnosis.

## References

American Diabetes Association. Standards of Care in Diabetes - 2026, Section 2: Diagnosis and Classification. https://diabetesjournals.org/care/article/49/Supplement_1/S27/163926

NIDDK. Diabetes Tests & Diagnosis. https://www.niddk.nih.gov/health-information/diabetes/overview/tests-diagnosis

# My Diabetes Laboratory Test Log

Use one row per lab test. Record the unit reported by your laboratory (for example, mg/dL, mmol/L or %).

| Date | Test / fasting status | Result & unit | Lab reference / notes |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

## Questions about my results

1. _____
2. _____
3. _____
4. _____

# Symptoms & Follow-up Record

## Symptoms to discuss with a healthcare professional

Check any that apply and record when they began. These symptoms can have many causes and are not diagnostic by themselves.

[ ] Increased thirst [ ] Frequent urination [ ] Unexplained weight change

[ ] Blurry vision [ ] Unusual fatigue [ ] Other: _____

When symptoms started / changes noticed: _____

_____

## Appointment and next steps

| Date | Clinician / clinic | Next test or action |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

## My questions for the appointment

1. _____
2. _____
3. _____
4. _____
5. _____

## Notes from my clinician

_____

_____

_____

_____

_____

Keep this record with your laboratory reports. Do not change medication or start treatment based on this worksheet alone.