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Understanding Your Blood Glucose Readings

A practical guide to home glucose monitoring

Checking your blood glucose can provide useful information about how your body responds to food, activity, medicines and everyday routines. But an isolated number rarely tells the whole story.

The aim of monitoring is to understand **patterns over time** and use them to guide your diabetes care.

Understanding Different Glucose Readings

Fasting Blood Glucose

This is your blood glucose after an overnight fast, before eating or drinking anything containing calories.

Fasting glucose can be influenced by several factors, including your overnight glucose regulation, evening meals, medicines, sleep and illness.

Pre-Meal Blood Glucose

This is checked before starting a meal.

Pre-meal readings can help assess your glucose levels between meals and may be particularly useful when adjusting certain diabetes medicines or insulin.

Post-Meal Blood Glucose

This shows how your glucose responds after eating.

When post-meal monitoring is advised, the reading is generally checked **1–2 hours after the beginning of the meal**.

The amount and type of carbohydrate eaten, portion size, physical activity and diabetes treatment can all influence the post-meal rise.

Random Blood Glucose

A random glucose reading can be taken at any time of the day, irrespective of when you last ate.

Because its interpretation depends on the timing of meals, medicines and activity, it is useful to record this information alongside the glucose value.

What Should My Blood Glucose Be?

Glucose targets should be **individualized** according to factors such as age, duration of diabetes, medications, other health conditions and risk of hypoglycaemia.

For many non-pregnant adults with diabetes, commonly used general targets are:

Fasting: <100

Before meals: 80–130 mg/dL

Peak after meals: less than 180 mg/dL

Your personal targets may be different. Follow the targets recommended specifically for you by your treating doctor.

Where Does HbA1c Fit In?

Home glucose readings show your glucose at **particular moments**.

HbA1c provides information about your **average glucose exposure over last 3 months**.

For many non-pregnant adults with diabetes, an HbA1c target of **below 6.5%** is commonly used, but the appropriate goal varies from person to person.

HbA1c and home glucose readings therefore provide different but complementary information.

Look for Patterns, Not Perfect Numbers

A single high reading does not necessarily mean that your diabetes treatment is failing.

Similarly, one normal reading does not necessarily mean that glucose is consistently within your target range.

Look for recurring patterns:

- Is fasting glucose repeatedly high?
- Do readings rise consistently after a particular meal?
- Are there frequent low readings?
- Are glucose levels different on active and less-active days?
- Has there been a change after starting or adjusting medication?

Recording the circumstances around unusual readings can make your glucose log considerably more useful.

How Often Should I Check?

There is no single monitoring schedule suitable for everyone.

How often you need to check depends on the type of diabetes, medicines you take, whether you use insulin, your risk of hypoglycaemia and your current treatment goals.

Some people may need several checks each day, while others may benefit from less frequent or structured monitoring.

Follow the monitoring schedule recommended for you rather than checking repeatedly without a clear purpose.

Keep a Useful Glucose Record

When monitoring at home, consider recording:



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Date & Time | Glucose Reading | Relation to Meal | Medicines/Insulin | Relevant Notes

Useful notes might include an unusually large meal, exercise, illness, missed medication or symptoms of low blood glucose.

Bring your glucose record or glucometer to your follow-up consultation so that **patterns can be reviewed rather than individual readings alone.**

When a Reading Is Low

A blood glucose level **below 70 mg/dL is considered low blood glucose (hypoglycaemia).**

Low glucose requires prompt attention, particularly if you use insulin or medicines that can cause hypoglycaemia.

If you experience recurrent low readings, discuss them with your treating doctor rather than simply trying to compensate by eating more.

See also: Recognising and Managing Low Blood Sugar →

Quick Takeaway

Glucose monitoring is most useful when it answers a question.

Rather than focusing on achieving a “perfect” number every time, use your readings to understand patterns and discuss them with your healthcare team.

Your glucose targets and monitoring schedule should always be individualized to your treatment and health needs.

This guide provides general educational information and does not replace individualized medical advice.

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