

Here's a sample of how to fill in your diary

BLOOD GLUCOSE MONITORING

WEEK 1 BEGINNING (DATE) September 8

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
<i>Sept 8</i>	<i>5</i>	<i>8</i>	<i>7</i>	<i>7</i>	<i>5</i>	<i>6</i>	<i>5</i>		Insulin	<i>R4</i>	<i>R7</i>	<i>R8</i>	<i>L28</i>	<i>sleeping well</i>
								Carbs	<i>30</i>	<i>50</i>	<i>80</i>	<i>20</i>		

INSULIN INJECTIONS & CARBS

Record your results each time you test your blood glucose.

Before = before meals

After = 2 hrs after meals

Record the insulin type and the number of units taken at each injection time.

Also record the amount (grams) of carbohydrate (carbs) you ate.

Remember: Include any other insulin doses you take (with the reason and time of injection), or any changes in pattern (i.e. activity level, illness, including hypos, etc.)

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 1 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 2 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner				Units					Notes
	Before	After	Before	After	Before	After	Bed	Other		Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 3 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Carbs					
									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 4 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner				Units					Notes
	Before	After	Before	After	Before	After	Bed	Other		Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 5 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 6 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 7 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
									Insulin					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 8 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
									Insulin					
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									Insulin					
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Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 9 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 10 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
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Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 11 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 12 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner				Units					Notes
	Before	After	Before	After	Before	After	Bed	Other		Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 13 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 14 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner				Units					Notes
	Before	After	Before	After	Before	After	Bed	Other		Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 15 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 16 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 17 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 18 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner				Units					Notes
	Before	After	Before	After	Before	After	Bed	Other		Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 19 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 20 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 21 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
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Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 22 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 23 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 24 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner				Units					Notes
	Before	After	Before	After	Before	After	Bed	Other		Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 25 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

INSULIN INJECTIONS & CARBS

WEEK 26 BEGINNING (DATE) _____

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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									Insulin					
									Carbs					

Notes: _____

BLOOD GLUCOSE MONITORING

WEEK 27 BEGINNING (DATE) _____

INSULIN INJECTIONS & CARBS

Date	Breakfast		Lunch		Dinner		Bed	Other	Units					Notes
	Before	After	Before	After	Before	After				Morn	Noon	Eve.	Bed	
									Insulin					
									Carbs					
									Insulin					
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Notes: _____