

NAME: _____

MONTH: _____

| DAY OF MONTH | BLOOD GLUCOSE MEASUREMENT | | | | | | | | INSULIN TYPE | INSULIN DOSE GIVEN | | | | NOTES |
|--------------|---------------------------|-------|--------|-------|--------|-------|---------|-----------|--------------|--------------------|-------|--------|----------|-------|
| | BREAKFAST | | LUNCH | | DINNER | | BEDTIME | OVERNIGHT | | BREAK-FAST | LUNCH | DINNER | BED-TIME | |
| | Before | After | Before | After | Before | After | | | | | | | | |
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