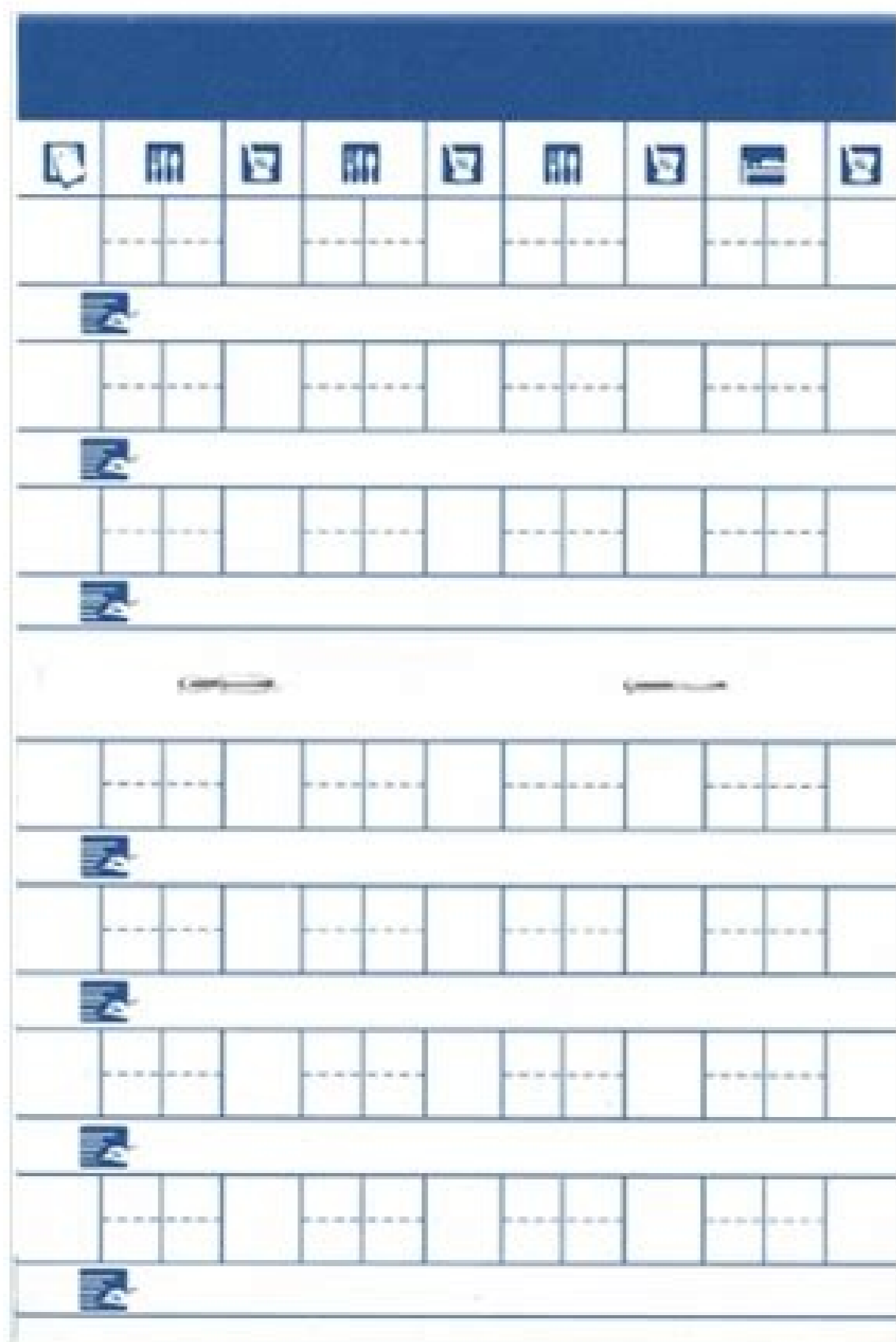


I'm not robot!



BG = Blood Glucose, Ket = Ketones

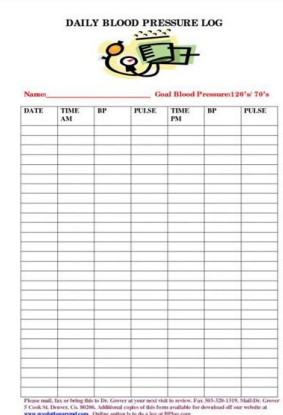
Daily Record Sheet

Name _____ At _____
 Fax To _____

Bring these results to your clinic visit

	Time	Breakfast		Lunch		Dinner		Bedtime		Comments: Reactions, exercise, illness, bedtime snack
		Results	Insulin Dose	Results	Insulin Dose	Results	Insulin Dose	Results	Insulin Dose	
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
Sat										
Sun										
Mon										
Tues										
Wed										
Thurs										
Fri										
Sat										

Reminder: 1. Make sure insulin doses are included under the Insulin Dose Heading.
 2. How to reach you: FAX _____ or Phone _____
 if by phone, best time to reach you: _____ (between 8 a.m. - 5 p.m.)
 3. Person to be reached: _____



DAILY DIABETES LOG

Week of: _____

	Fasting Blood Sugar	Med/Insulin	Lunch Blood Sugar	Med/Insulin	Dinner Blood Sugar	Med/Insulin	Before Bed Blood Sugar	Med/Insulin	COMMENTS (SHT, EXERCISE, SICKNESS, STRESS)
MON									
TUE									
WED									
THUR									
FRI									
SAT									
SUN									

TIMES TO CHECK YOUR BLOOD SUGAR: Before you eat in the morning and 2 hours after a meal.
 Monitor at different times during the day and with different foods to see if your blood sugar levels vary.
 *Discuss your personal monitoring times with your doctor.

