

Weekly Diary



Week Starting

Before meal target

After meal target

	Breakfast				Lunch			Dinner			Before bed		During night	Comments
	Blood Glucose mmol/L Before	Medication Units	Medication Units	Blood Glucose mmol/L After	Blood Glucose mmol/L Before	Medication Units	Blood Glucose mmol/L After	Blood Glucose mmol/L Before	Medication Units	Blood Glucose mmol/L After	Blood Glucose mmol/L Before	Medication Units	Blood Glucose mmol/L	
Mon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tues	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thur	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use this diary template to record your blood glucose measurements, your medical doses and any comments you wish to keep

Medical details

Tick all boxes that apply

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Other
<input type="checkbox"/> Twice a day insulin	<input type="checkbox"/> Once a day insulin	
<input type="checkbox"/> Multiple Daily Injection	<input type="checkbox"/> Insulin Pump	<input type="checkbox"/> Other
<input type="checkbox"/> Diet	<input type="checkbox"/> Exercise	<input type="checkbox"/> Oral
<input type="checkbox"/> Other		
<hr/>		
<hr/>		

Short-Acting Insulin	Long-Acting Insulin
Name: <hr/>	Name: <hr/>
Dose: <hr/>	Dose: <hr/>
Time: <hr/>	Time: <hr/>

Other medication

Name:

Dose:

Time:

Targets

Target blood glucose range:

Target HbA1c:

Target body weight:

Personal details

My details

Name:

Address:

Phone:

Email:

My GP's details

Name:

Address:

Phone:

Hospital Clinic details

Name:

Address:

Phone:

In case of emergency please contact

Name:

Address:

Phone:

