

# Weekly Diary

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

Day:  Week starting:

Before Meal Target:  After Meal Target:

## Breakfast

## Comments

Blood Glucose mmol/L - Before

Medication  Units

Medication  Units

Blood Glucose mmol/L - After

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## Lunch

## Comments

Blood Glucose mmol/L - Before

Medication  Units

Blood Glucose mmol/L - After

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## Dinner

## Comments

Blood Glucose mmol/L - Before

Medication  Units

Blood Glucose mmol/L - After

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## Before bed

## Comments

Blood Glucose mmol/L - Before

Medication  Units

Blood Glucose mmol/L - After

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## Medical details

Tick all boxes that apply

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Type 1

Type 2

Other

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Twice a day insulin

Once a day insulin

Multiple Daily Injection

Insulin Pump

Other

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Diet

Exercise

Oral

Other \_\_\_\_\_

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### Short-Acting Insulin

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

### Long-Acting Insulin

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

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### Other medication

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

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### Targets

Target blood glucose range: \_\_\_\_\_

Target HbA1c: \_\_\_\_\_

Target body weight: \_\_\_\_\_

# Personal details

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## My details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## My GP's details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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## Hospital Clinic details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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## In case of emergency please contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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