

WEEK COMMENCING: .....



INSULIN INJECTIONS					MONITORING BLOOD GLUCOSE								REMARKS
Insulin type	Units injected				Breakfast		Lunch		Dinner		Before bed	Overnight	Activity, illness, diet changes, time of hypos (noting blood glucose levels and treatment)
	Breakfast	Lunch	Dinner	Before bed	Before	After	Before	After	Before	After			
<b>Mon</b>													
<b>Tue</b>													
<b>Wed</b>													
<b>Thu</b>													
<b>Fri</b>													
<b>Sat</b>													
<b>Sun</b>													

**Weekly blood glucose notes** (record information about foods you might have eaten, the types of physical activity you did or if you didn't feel well)

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