

Daily Records

Date Checked			
Fasting Blood Glucose (BG)			
Insulin Amount/Time			
BG 1 Hr After Start of Breakfast			
BG Before Lunch			
Insulin Amount/Time			
BG 1 Hr After Start of Lunch			
BG Before Dinner			
Insulin Amount/Time			
BG 1 Hr After Start of Dinner			
BG 9-10 PM/Bedtime			
Insulin Amount/Time			
BG 2 AM (Optional)			
Exercise (Type/When/How Long)			
Kick Counts Times			

Concerns/Problems/Illness:

Write down everything you eat and drink.

Date: _____ Date: _____ Date: _____

SNACK	DINNER	SNACK	LUNCH	SNACK	BREAKFAST
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____