Health Facts for You

Diabetes record book (large print)

UWHealth

HE-579725-20

Name:
_____

Check your blood sugar _____ times per day.

Your blood sugar range before meals is _____ to _____ mg/dL.

Your blood sugar goal 2 hours after eating is _____ mg/dL.

Contact your provider or educator to adjust your plan if:

- Before-meal blood sugar is above _____ mg/dL more than half the time
- After-meal blood sugar is above _____ mg/dL more than half the time
- Any blood sugar over _____ mg/dL
- Blood sugar less than _____ mg/dL time(s) per _____ (day or week)

Month	**Before Breakfast**		**Before Lunch**		**Before Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments** (exercise, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtimes**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Month	**Breakfast**		**Lunch**		**Dinner**		**Bedtime**		**Other Blood Sugars and Insulin Doses**			**Comments:** (e.g. exercise, hypoglycemia, illness, ketones, extra or less food)
Date	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Blood Sugar	Insulin/ Med Dose	Time	Blood Sugar	Insulin/ Med Dose	

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Produced by the Department of Nursing. HF#461.