Weekly Insulin and Blood Glucose Record

Instructions

This editable chart on the next page of this PDF document allows you to record 4 weeks of insulin & blood glucose data.

- **Step 1:** Open the original (blank) PDF form and select **File > SaveAs**. Save a new copy of the file to your computer's desktop or documents folder every 4 weeks, using a new name each time (eg. *Insulin-Record-March16.pdf*).
- **Step 2:** Fill in the PDF at routine times each day, according to your treatment plan.
- Step 3: Remember to Save your changes each time you add new data. Select File > Save before you close the file.
- **Step 4:** After 4 weeks, the record chart will be full. You can then email a copy to your healthcare provider.

Mobile Devices: If you have the free Adobe Acrobat Reader app on your mobile device, you can also use this editable PDF chart on your mobile phone or tablet. You will need to ensure that you open the PDF using the Acrobat app as your device will try to open the file using a web browser or a different PDF reader app.

Backups: It's a good idea to send a backup copy of the form to yourself by email once a week. However, don't use the backup copy to record more data.





| | Insulin Injections | | | | | | | | Blood Glucose | | | | Remarks Activity, illness, diet |
|--------------------|------------------------------------|---|--|--|-----------------|---|--|--|--|--|--|--|--|
| Type of Insulin | Breakfast | | | Before | | | | | | | Supper | Over night | changes, time of hypos (noting blood glucose and treatment). |
| IIISUIII | breakiast | Lunch | Dinner | Bed | ветоге | Arter | ветоге | Arter | ветоге | After | or Bed | | and treatmenty. |
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| GINNING: | | | | | (DAT | E) | | | | | | | |
| | Insulin Injections | | | | | | | Blood Glucose | | | | Remarks | |
| Type of Insulin | Breakfast | Units Lunch | | Before | | | | | | | Before Supper or Bed | Over night | Activity, illness, diet changes, time of hypos (noting blood glucose and treatment). |
| | | | | Bed | | | | | | | | | |
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| GINNING: | , | | | | (DATE) | | | | | | | | |
| Type of | Units given | | | | Breakfast Lunch | | | | | | Before | Over | Remarks Activity, illness, diet changes, time of hypos |
| Insulin | Breakfast | Lunch | Dinner | Before Bed | Before | After | Before | After | Before | After | Supper or Bed | night | (noting blood glucose and treatment). |
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| CINNING | | | | | (DAT | E/ | | | | | | | |
| GINNING: | | | | | (DAT | E) | Moni | torina E | lood Gl | ucose | | | Remarks |
| Type of | Insulin | | ons | | (DAT | | Moni Lui | | Blood Gl Din | ucose ner | Before | Over | Remarks Activity, illness, diet changes, time of hypos |
| Type of Insulin | | Injecti | ons | Before Bed | | | | | | | Before Supper or Bed | Over night | Activity, illness, diet |
| Type of | Insulin | Injecti Units | ons given | Before Bed | Brea | kfast | Lui | nch | Din | ner | Supper | Over night | Activity, illness, diet changes, time of hypos (noting blood glucose |
| Type of | Insulin | Injecti Units | ons given | Before Bed | Brea | kfast | Lui | nch | Din | ner | Supper | Over night | Activity, illness, diet changes, time of hypos (noting blood glucose |
| Type of | Insulin | Injecti Units | ons given | Before Bed | Brea | kfast | Lui | nch | Din | ner | Supper | Over | Activity, illness, diet changes, time of hypos (noting blood glucose |
| Type of | Insulin | Injecti Units | ons given | Before Bed | Brea | kfast | Lui | nch | Din | ner | Supper | Over | Activity, illness, diet changes, time of hypos (noting blood glucose |
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| Type of | Insulin | Injecti Units | ons given | Before Bed | Brea | kfast | Lui | nch | Din | ner | Supper | Over | Activity, illness, diet changes, time of hypos (noting blood glucose |
| | Insulin GINNING: Type of Insulin | Insulin Breakfast GINNING: Insulin Type of Insulin Breakfast GINNING: Insulin Insulin Insulin | Insulin Breakfast Lunch Breakfast Lunch Breakfast Lunch Breakfast Lunch Insulin Injecti Units Breakfast Lunch Insulin Injecti Insulin Injecti Insulin Injecti | Insulin Breakfast Lunch Dinner Insulin Injections Insulin Injections Units given Breakfast Lunch Dinner Insulin Injections Insulin Injections Units given Insulin Injections Insulin Injections Insulin Injections | | Second Breakfast Lunch Dinner Before Bed Before | Insulin Breakfast Lunch Dinner Before Bed Before After Bed Before After Bed Before Before Bed Before After Bed Before Before Bed Before After Bed Before Before Bed Before Before Bed Before Bed Before Before Bed Before Be | Insulin Breakfast Lunch Dinner Before Bed Before After Before Bed Before Bed Before After Before Bed Before Before Bed Before Befor | Insulin Injections Units given Breakfast Lunch Dinner Before Before After Before B | Insulin Injections Units given Before Before Before After Before Insulin Injections Units given Breakfast Lunch Dinner Before Before Before After Before After Before After Before After Before After Before After Before After Before After Before Before | Insulin Injections Monitoring Blood Glucose Insulin Injections I | ype of Insulin Injections Units given Before After Befo | Type of Insulin Injections Units given Breakfast Unith Dinner Before After Before After Before After Before After Before After Before After Before After Before After Before After Before After Before After Supper or Before After Supper or Before Over Before Supper Over Bef |

PATIENT NAME: _____