



Self-Monitoring Log

Week of: _____

| | Breakfast | | | Lunch | | | Dinner | | | Evening | |
|--------------|------------|-------------|-------|------------|-------------|-------|-------------------------|-------------|-------|------------|---------|
| | Medication | Blood Sugar | | Medication | Blood Sugar | | Medication | Blood Sugar | | Medication | Bedtime |
| | | Before | After | | Before | After | | Before | After | | |
| Mon. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |
| Tue. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |
| Wed. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |
| Thur. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |
| Fri. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |
| Sat. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |
| Sun. | | | | | | | | | | | |
| Comments: | | | | | | | Additional Blood Sugar: | | | | |

1. Write the date in the upper right hand corner.
2. Write the type and amount of your insulin dose or oral diabetes pills dose each time you take it.
3. Write in your blood sugar results in the "Before" and "After" spaces.
4. The "Comments" section provides space to write down different events that may have happened during the day. You may want to use the following symbols as "short hand" to record your events.

H If you experienced a low blood sugar episode (hypoglycemia) E

If you exercised

☹ If you were ill or stressed

If you tested your urine ketones (be sure to include your ketone

UK

result)