

		DATE	BREAKFAST		LUNCH		DINNER		NIGHT	
			Before	After	Before	After	Before	After	Before bed	During the night
MONDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

Comments

TUESDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

Comments

WEDNESDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

Comments

THURSDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

Comments

FRIDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

Comments

SATURDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

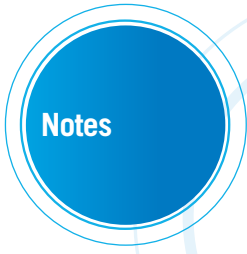
Comments

SUNDAY	Testing									
	Insulin/tablets									
	Carbohydrate									

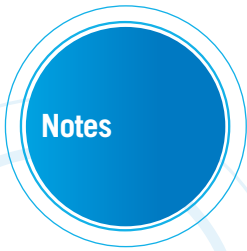
Comments

AVERAGE

	mmol/L
--	--------









Notes









Notes

My plan

TESTING DAY		DATE	BREAKFAST		LUNCH		DINNER		NIGHT	
			Before	After	Before	After	Before	After	Before bed	During the night
	Test 									
	Inject 									
	Medication 									
	Exercise 									
	Food/Eat 									
	Other									
	Plan duration  15									

My plan

TESTING DAY		DATE	BREAKFAST		LUNCH		DINNER		NIGHT	
			Before	After	Before	After	Before	After	Before bed	During the night
	Test 									
	Inject 									
	Medication 									
	Exercise 									
	Food/Eat 									
	Other									
	Plan duration  15									

Ascensia Diabetes Support:
 Phone: 0800/ 50 88 822 (free number)
 E-Mail: info@ascensia.de