

Diabetes Management Diary

Date: _____ Mo Tu We Th Fr Sa Su Shot Rotation: _____

Time/BG	Insulin	Food	Amount	Carbs(g)	Calories
Breakfast					
Lunch					
Dinner					
			Totals:		

Other BGs (Time/BG): _____ / _____ / _____ / _____ / _____ / _____ / _____

- Actions taken: _____

Physical Activity	Times	Intensity	Carbs(g) needed

Notes: _____

