

Accu-Chek Weekly Diary



Week Starting

Before meal target

After meal target

	Breakfast			Lunch			Dinner			Before bed		During night	Comments
	Blood Glucose mmol/L Before	Medication Units	Medication Units	Blood Glucose mmol/L After	Blood Glucose mmol/L Before	Medication Units	Blood Glucose mmol/L After	Blood Glucose mmol/L Before	Medication Units	Blood Glucose mmol/L Before	Medication Units	Blood Glucose mmol/L	
Mon													
Tues													
Wed													
Thur													
Fri													
Sat													
Sun													

Use this diary template to record your blood glucose measurements, your medical doses and any comments you wish to keep

ACCU-CHEK[®]

Medical details

Tick all boxes that apply

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	
<input type="checkbox"/> Twice a day insulin	<input type="checkbox"/> Once a day insulin	
<input type="checkbox"/> Multiple Daily Injection	<input type="checkbox"/> Insulin Pump	<input type="checkbox"/> Other
<input type="checkbox"/> Diet	<input type="checkbox"/> Exercise	<input type="checkbox"/> Oral
<input type="checkbox"/> Other		

Short-Acting Insulin

Long-Acting Insulin

Name: _____

Name: _____

Dose: _____

Dose: _____

Time: _____

Time: _____

Other medication

Name: _____

Dose: _____

Time: _____

Targets

Target blood glucose range: _____

Target HbA1c: _____

Target body weight: _____

Personal details

My details

Name: _____

Address: _____

Phone: _____

Email: _____

My GP's details

Name: _____

Address: _____

Phone: _____

Hospital Clinic details

Name: _____

Address: _____

Phone: _____

In case of emergency please contact

Name: _____

Address: _____

Phone: _____

